

REQUEST FOR OPEN PUBLIC RECORDS

Record request information (To be completed by Requestor – Please Print)

FULL NAME: _____ (Phone) _____

ADDRESS: _____
(Street) (City) (State) (ZIP)

I hereby acknowledge that I am aware that under the terms of Neb. Rev. 84-712, I am authorized to examine public records not withheld from me under the terms of Neb. Rev. State. 84-712.04 or other appropriate statutes, and that I may make memoranda and abstracts therefrom during the hours the offices are normally open to the public.

I hereby request a copy of the following public records:

REQUESTOR NAME **DATE / TIME**
(Most records will provided within four (4) full business days from the date of request.)

For Administrative Records

The request for the above-named document(s) was granted and / or allowed to be examined.

Signed _____ Date / Time _____

The request was denied, and the requesting party was issued a letter of denial in accordance with the provisions of Neb. Rev. Stat. 84-712.04.

Signed _____ Date / Time _____

Record Fees: Total Pages _____ x .25 per page = \$ _____

If research is required to provide the requested information a fee equal to the cost of labor billed in 10 minutes increments will be added to the copy charge above.

Labor rate \$ _____ x _____ hour(s) = \$ _____

Your copy of this form shall serve as your receipt

If you have any questions about your record request, please contact the City of Gothenburg at 308.537.3677