

REQUEST FOR CITY OF HOBART PUBLIC RECORDS

Please Print

Name of Requesting Party: _____

Address/City/State/Zip: _____

Daytime Phone: _____ Daytime Fax: _____

Check all that apply:

Request for Access to Inspect Public Records

Request for Employee Records

If checked, please supply Employee Name: _____

Employee Social Security #: _____

Dates of Employment: _____

Request for Copies of Public Records

SPECIFIC RECORDS REQUESTED: _____

Date: _____

Signature: _____

Printed Name: _____

For Office Use Only:

_____ File stamped copy of Request Form provided with Response Letter _____ by _____
(Date) (Initials)

_____ Total cost of photocopies (@ 10¢ per page) in the amount of \$ _____ confirmed with requester on
_____ by _____
(Date) (Initials)

_____ Requested public records provided on _____ by _____
(Date) (Initials)