



**CITY OF KALAMAZOO
REQUEST FOR PUBLIC RECORD**

Name (Please Print)

Address (include zip code)

(_____) _____
Telephone Number

1. State the name or provide a description of the public record you are requesting:

2. Regarding the document of interest, do you
_____ want a copy or _____ just want to look at it

Signature of requesting individual

Date

TO BE COMPLETED BY CITY STAFF

Cost assessment:

Mailing \$ _____

Labor
(to nearest ¼ hr) \$ _____

Copy charges
(# of pages @ 10¢ per page) \$ _____

Total Due: \$ _____

Date: _____

Staff person receiving request