

REQUEST FOR OPEN PUBLIC RECORDS

RECORD REQUEST INFORMATION (To be completed by Requestor – Please Print)

Full Name: _____
(Phone)

Address: _____
(Street) (City) (State) (Zip Code)

I hereby acknowledge that I am aware that under the terms of Neb. Rev. Stat. 84-712, I am authorized to examine public records not withheld from me under the terms of Neb. Rev. Stat. 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 declare that I do not intend to and will not:

- a. Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or
- b. Sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person who resides at any address listed.

I hereby request a copy of the following public records:

Requestor Signature

Date

Email/Fax Number

(Most records will be 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 _____

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

Signed _____ Date _____

Record Fees (to be completed by City Clerk)

Total Pages _____ x \$0.25 per page = \$ _____

YOUR COPY OF THIS FORM SHALL SERVE AS YOUR RECEIPT

If you have any questions regarding your record request, please contact the City Clerk's Office at (402) 994-6705.