CITY OF WHITING CLERKS OFFICE
REQUEST FOR PUBLIC RECORD

REQUESTING PERSON: _____
LAST NAME FIRST NAME

ADDRESS: _____
NUMBER AND STREET CITY STATE ZIP

TELEPHONE: _____

BUSINESS ADDRESS: _____
NUMBER AND STREET CITY STATE ZIP

PUBLIC RECORD REQUESTED/IDENTIFY IN DETAIL REQUESTED RECORD:

_____

_____

_____

_____

_____

_____

_____

_____

_____

DATE OF REQUEST: _____/_____/_____ **TIME** _____
MONTH DAY YEAR

I UNDERSTAND THAT ANY REVIEW OF RECORDS MUST BE CONDUCTED IN THE PRESENCE OF A REPRESENTATIVE OF THE WHITING CLERKS OFFICE AND THAT I WILL NOT DEFACE OR REMOVE ANY RECORDS. I ALSO UNDERSTAND THAT IF I SO WISH TO HAVE A COPY MADE, A FEE OF $.10 PER PAGE WILL BE CHARGED.

_____
SIGNATURE OF REQUESTING PERSON