

Records Request Form

City of Madrid

REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

Please return the completed form to the City Clerk at Madrid City Hall or by email to cityclerk@madridiowa.org. Please note that this form is not confidential and may itself be subject to public disclosure pursuant to Iowa Code Chapter 22.

REQUESTER'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DESCRIPTION OF RECORD OR INFORMATION REQUESTED (BE SPECIFIC AS POSSIBLE):

Please tell us if you would like the record copied and sent to you by mail, email, or whether you will pick it up, or if you would simply like to examine it.

Signature of Requestor

Date of Request

You may expect a response to a request for non-confidential public information within ten (10) to twenty (20) business days.

Office Use Only

Date Received: _____

Response Date: _____ Records Available? Yes / No

Copies Made? Yes / No How Many? _____ Fees Charged: _____

Signature of City Employee Fulfilling Request: _____ Date: _____