



# Data Request Form

## REQUESTER COMPLETE Items 1-7

1. DATE OF REQUEST		<b>REQUESTER NOTES:</b> A. Identification is not required for public data; Contact information is required for us to be able to provide the requested data. B. Identification is required for release of private or nonpublic data. C. <u>You must have the complete name and date of birth if you are requesting a background check on an individual.</u> D. Disclosure of information depends on the data requested and the status of any related case or investigation. E. The City may require pre-payment or may provide a phased response depending on the request.
2. REQUESTER NAME <i>(Last, First, Middle)</i>		
3. ADDRESS		
4. PHONE  <input type="checkbox"/> Home #  <input type="checkbox"/> Cell #		
5. FAX # (if applicable)		
6. DESCRIPTION OF DATA REQUESTED <input type="checkbox"/> Inspection <input type="checkbox"/> Copies <input type="checkbox"/> Both inspection and copies		
7. SIGNATURE		

### To Be filled out by the City:

<b>REQUEST TYPE:</b> <input type="checkbox"/> In-person <input type="checkbox"/> Mail <input type="checkbox"/> Phone		<b>REQUESTED BY:</b> <input type="checkbox"/> Subject of data <input type="checkbox"/> Not Subject of data	
<b>DATA REQUESTED IS CLASSIFIED:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private/Nonpublic <input type="checkbox"/> Confidential/Protected Nonpublic			
<b>RESPONSE (provide notes for checked boxes)</b> <input type="checkbox"/> Clarification Requested: _____ <input type="checkbox"/> Pre-payment: _____ <input type="checkbox"/> Estimated Cost: _____ <input type="checkbox"/> Phased Response: _____			
<b>REQUEST</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved in Part <i>(explain in REMARKS)</i>		<b>REQUEST HANDLED BY:</b> _____	
<b>REMARKS:</b> <input type="checkbox"/> Not Public Data Has Been Removed. <input type="checkbox"/> Mailed _____ <input type="checkbox"/> Faxed _____ <input type="checkbox"/> In Person _____		<b>ADDITIONAL REMARKS:</b> _____ _____	
<b>PAYMENT DUE:</b> _____		<b>PAYMENT RECEIVED:</b> _____	