

**CITY OF OAK RIDGE
PUBLIC INFORMATION REQUEST FORM**

REQUESTOR: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP: _____

NOTE: THE CITY OF OAK RIDGE WILL STRIVE TO PROVIDE THE REQUESTED INFORMATION AS QUICKLY AS POSSIBLE.

RECORDS REQUESTED

RECORD TITLE (Please be as specific as possible – list each record separately – attach additional sheets if necessary)	INCLUSIVE DATE(S)
1. _____	_____
2. _____	_____
3. _____	_____

DO YOU WANT MINIMUM INFORMATION OR AS COMPLETE A REPORT AS POSSIBLE?

Minimum

Complete

Signature of Requestor
REVIEWED BY:

Employee Receiving Request
Date Received: _____

Jan Shedd, Records Coordinator

FOR DEPARTMENTAL RECORDS USE

Researched By: _____ Time Spent: _____

Amount Charged to Requestor: _____ Date Mailed: _____

Signature of Person picking up records: _____ Date of Pickup: _____

Copy of Request Forwarded To: _____