

CITY OF HARVARD FREEDOM OF INFORMATION (FOIA)

WRITTEN REQUEST FOR INSPECTION OR COPYING OF PUBLIC RECORDS

Date of request: _____

Requestor's Name: _____

Requestor's Address: _____

City: _____ State: _____ Zip Code: _____

Phone/Cell Phone # _____ Fax # _____

E-Mail Address _____

Describe in detail the public records you are requesting:

Please indicate if you wish to inspect the above-mentioned records or wish a copy of them.

Inspect Copy Both Check if you require certified copies
(applies only to ordinances & resolutions)

Please indicate preferred format to receive records:

Fax Electronic 1st Class Mail Other (specify): _____

Signature of Requestor

The City of Harvard will respond to the above request within five (5) working days from the above date unless one or more of the seven (7) reasons for an extension of time provided for the Section 3 (d) of the Freedom of Information Act are invoked by the City.

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Request Received _____

Approved Denied

Date Response Required _____

Date Records Released _____

Comments: _____
