



**CITY OF KALAMAZOO
REQUEST FOR PUBLIC RECORD**

Dept. _____

Control No. _____

Name (Please Print)

Address (In full - include zip code)

Phone

1. **Please state the name of the public record you are searching for:**

2. **Do you wish to examine it or to receive a copy?**

Examine _____ Receive a copy _____

Signature of requesting individual

Date

Cost Assessment:

Mailing	\$ _____
Labor (to nearest ¼ hr)	\$ _____
Duplication	\$ _____
Total due:	\$ _____

Date: _____

Person receiving request