

City of Seymour
Request of Access to Public Records
(please print)

Name/Requester: _____ Phone: _____

Organization: _____ Fax: _____

Address: _____

Date/Time of Request: Date: _____ Time: _____

Specific description of records requested:

This request is a: _____ one time request _____ recurring request

This is for: _____ Permission to inspect records as described above

 _____ A copy of records as described above

I understand I may be charged a fee for copying the records: _____
(pursuant to City of Seymour Code § 36.01) (signature)

For City Use Only—Do Not Write Below This Line
Request Receipt Information

Date & time request received: _____

Individual receiving request: _____

Disposition of Request

Request: _____ Granted _____ Denied; Reason(s) for denial: _____

Individual making decision on request: _____

Disposition date & time: _____

This request was: _____ Faxed _____ Phoned In _____ Walk-In _____ E-Mailed

Number of copies provided: _____ Photocopy _____ Computer Fee Charged: _____

Fee received by: _____

Ciudad de Seymour
Solicitud de acceso a los registros públicos
(por favor imprima)

Nombre: _____ Teléfono: _____

Organización: _____ Fax: _____

Dirección: _____

Fecha/Hora de solicitud: Fecha: _____ Hora: _____

Descripción específica de los registros solicitados:

Esta solicitud es: _____ solicitud de una sola vez _____ solicitud recurrente
Esto es para: _____ Permission inspeccionar los registros como se describió anteriormente
_____ A copia de los registros como se describió anteriormente
Entiendo que se me puede cobrar una tarifa por copiar los registros:

(de conformidad con el Código de la Ciudad de Seymour n.o 36.01)

For City Use Only—Do Not Write Below This Line
Request Receipt Information

Date & time request received: _____

Individual receiving request: _____

Disposition of Request

Request: _____ Granted _____ Denied; Reason(s) for denial: _____

Individual making decision on request: _____

Disposition date & time: _____

This request was: _____ Faxed _____ Phoned In _____ Walk-In _____ E-Mailed

Number of copies provided: _____ Photocopy _____ Computer Fee Charged: _____

Fee received by: _____