



City of Nome Public Records Request Form

Requestor Name: _____ Date: _____

Agency: _____

Requestor Address: _____

Street

Suite/Apt

City

State

Zip Code

Requestor Phone: _____ Cell: _____ Email: _____

Request Made: In Person In Writing Telephone Fax Email

Preferred Delivery: Pick Up U. S. Mail Email Fax On -Site Inspection

Record Request Information: To expedite the request be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection) and the medium requested.

I agree to pay the actual cost of searching, reviewing, duplicating and/or mailing copies of the requested public records.

Requestor's Signature

DATE

CITY USE ONLY

Receipt Number: _____

Amount: _____

Clerk's Office Comments: _____