



# City of Nome Records Request Form

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Agency/Company (if applicable.): \_\_\_\_\_

Requestor Address & Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip  
Requestor Phone & Email: \_\_\_\_\_

How is this request being made?

- Email
- Telephone
- Writing/US Mail
- In Person
- Fax

Preferred Delivery?

- Email (if size does not exceed limitations.)
- Fax
- U.S. Mail
- On-site inspection
- In Person Pick Up

**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 actual costs of searching, reviewing, producing, duplicating, mailing copies of public records. I certify I am not involved in any litigation, in a judicial or administrative forum, with the City of Nome regarding any matter related to the requested records, nor am I requesting the records on behalf of, or otherwise representing, any person involved in such litigation.

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**City Use Only Below**

Receipt Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Clerk's Office Comments: \_\_\_\_\_