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. I further certify that 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’s Signature DATE

CITY USE ONLY

Receipt Number: ____________________ Amount: ____________________

Clerk’s Office Comments: ________________________________________________