

**CITY OF EUFAULA
RECORD INSPECTION /COPY
REQUEST FORM**

(To be completed by Person Making Request)

NAME: _____

ADDRESS: _____

PHONE # TO CALL UPON COMPLETION: _____

RECORD SOUGHT: Please provide as specific a description as possible of the record(s) you desire to inspect/copy.

Record Title/Date:

1. _____

2. _____

3. _____

CHARGES: In some instances, a charge for record search is authorized by state law and has been established by the City of Eufaula. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request. The fee schedule established by the City is posted in this office.

Prepayment of the above amount:

_____ is required _____ is not required

Your copy of this form is your receipt.

CHARGES DUE UPON RECEIPT OF DOCUMENT

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(To be completed by Record Custodian)

Time of Request:

Time Access Provided:

Date: _____

Date: _____

Time: _____ a.m./p.m.

Time: _____ a.m./p.m.

Search Time Involved: _____

Total Charges: \$ _____

Paid _____ Billed _____