

CITY OF HOLSTEIN
PUBLIC RECORDS REQUEST FORM

1. REQUESTOR'S INFORMATION:

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

2. REQUEST INFORMATION:

Please be as detailed as possible, include names, dates, subjects, meeting dates, resolution and ordinance numbers, project names, etc.

3. Is this request for:

Copying of Public Records Inspection of Public Records

4. If you are requesting copies of public records please fill out the following:

How many copies of the requesting documents do you need? _____

Color Copies Single Sided

Black & White Copies Double Sided

5. How would you like to receive the copies:

In person Email

Mail

Although the records I am requesting may be deemed to be "public records" within the meaning of Chapter 22, Code of Iowa, I understand that my use of this information must comply with all local, state, and federal laws including but not limited to laws relating to privacy, harassment, discrimination, debt collection, libel, slander and tort. Misuse of said information by me in violation of the law is exclusively my responsibility. The City of Holstein denies any and all responsibility of how this information is used by me. If any third party makes a claim against the City of Holstein for misuse of this information attributable to me, the City of Holstein shall pursue all available legal remedies against me. I certify that I may be charged for costs related to the inspection/copying of public records (minimum charge \$1.00), and the records will not be released to me without payment.

Signature of Requester

Date of Request