

**REQUEST FOR INSPECTION/COPY OF PUBLIC RECORD (S)**

Response and/or fulfillment by the City of O'Fallon of this request will occur within seventy-two (72) BUSINESS hours from the date and time this request is received.

Date of Request: \_\_\_\_\_ Time of Day Requested: \_\_\_\_\_

Record (s) being requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For inspection only: Yes \_\_\_\_\_ No \_\_\_\_\_ Copy of record requested: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, number of copies being requested: \_\_\_\_\_

**PLEASE NOTE:** Payment for copies must be made prior to copying.

Requested by: \_\_\_\_\_  
(Name, Address, City, State, Zip Code)

Telephone number: \_\_\_\_\_  
(Area Code) (Number)

\_\_\_\_\_  
Signature

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Date request received: \_\_\_\_\_ Person accepting request: \_\_\_\_\_

Request received via: Mail \_\_\_\_\_ Telephone \_\_\_\_\_ Walk-in \_\_\_\_\_ I-O Mail \_\_\_\_\_ FAX \_\_\_\_\_

Fees: No charge \_\_\_\_\_ Cost: @ .10 cents per copy x \_\_\_\_\_ equals \$ \_\_\_\_\_  
# of copies (total amount)

Date record provided to requestor: \_\_\_\_\_

Place, time and date record is available for inspection: \_\_\_\_\_  
\_\_\_\_\_

Explanation for cause of delay, if applicable: \_\_\_\_\_  
\_\_\_\_\_

If request is denied, date of request forwarded to the City Clerk for denial: \_\_\_\_\_

Date request received for written statement of grounds for denial: \_\_\_\_\_

Date of written statement by City Clerk explaining denial provided: \_\_\_\_\_  
(Copy of denial to be attached to this request form)