



City of Arcade

Open Records Request Form

Requestor Information

Name: _____

Phone Number: _____

Email: _____

Records Requested

(Please be as specific as possible, including dates, subjects, or departments)

Preferred Format (check one)

Electronic Paper Inspection only

Fees

- I agree to pay applicable fees
 Please contact me with an estimate before processing
-

Signature

Signature: _____ Date: _____

FOR MUNICIPAL USE ONLY

Date Received: _____

Response Due: _____

Completed Date: _____