

CITY OF WEIMAR

Request for Record(s)

Date of Request: _____

Information concerning person and/or organization making request for record(s):

Name: _____

Address: _____

Telephone Number(s): _____

Please describe the record(s) you are requesting:

I am making a request to:

- Inspect the record(s) Receive ____ copy(ies) of the record(s)

Signature of person requesting record(s): _____