



490 E Street, P.O. Box 191
David City, NE 68632
Phone: (402) 367-3135 - Fax: (402) 367-3125
www.davidcityne.com

REQUEST FOR RECORDS

*Date of Request: _____ Request Submitted by: ☐ In Person ☐ Mail ☐ E-Mail

*Name: _____

*Full Mailing Address _____

*Phone _____ *Email Address: _____

*PLEASE IDENTIFY THE RECORDS AS SPECIFICALLY AS POSSIBLE OR DESCRIBE THE INFORMATION YOU WANT:

***These are required fields – if information is missing your request will not be completed.**

I request to (please check all that apply)

- ☐ Inspect the records named/described.
- ☐ Make notes from the records named/described.
- ☐ Obtain copies of some of the records named/described.
- ☐ Obtain copies of all records named/described.

If the requested records are not immediately available, how do you wish to receive a response to your request?

- ☐ Call me to discuss.
- ☐ Email to me at the email address I provided.
- ☐ Send by mail to the address provided.
- ☐ I will return in person.

The city will respond to this request for public records pursuant to Neb. Rev. Stat. §§ 84-712 to 712.09 and all other applicable laws. The City, in providing this form for your request, does not guarantee it may disclose the public records requested, and does not waive any rights, obligations, or options available to it pursuant to law in responding to this request. The City reserves the right to withhold certain public records pursuant to Neb. Rev. Stat. §§ 84-712 to 712.09 and all other applicable law.

When the information is compiled, you will be contacted by phone. Below is an estimate of the expected cost of the copies requested. You have 10 business days from receipt of this notice to review the estimated costs, and (1) request the City to fulfill the original request, (2) negotiate to narrow or simplify the request, or (3) withdraw the request. If the City does not have a response from you within 10 business days, the City shall not fulfill the request.

Do not write in this space:

_____ Labor @ \$15.00 per hour beyond first 8 cumulative hours \$ _____

_____ Copies @ \$.25 Per Black and White Copy \$ _____

_____ @ \$.50 Per Color Copy \$ _____

(for paper, toner, equipment usage and fees)

_____ Special Copies _____ \$ _____

_____ Postage \$ _____

Total cost due upon receipt \$ _____

Please remit to: City Clerk or Deputy City Clerk, 490 E Street, David City, NE 68632

Office Use Only

Date Request Received: _____

Request: ☐ Approved ☐ Denied

If Request Denied; Denial Letter Sent: ☐ Yes ☐ No

Date Sent: _____

By: _____

Method of Communication: ☐ Phone Call ☐ Letter ☐ Email

Staff Time Involved: _____ Hours _____ Minutes.

Charges: _____ Paid ☐ Yes ☐ No

Total Pages Provided: _____

Records Provided:

Comments:

Record Request Completed by: _____ Date Completed: _____