

City of Carson, Iowa

Public Record Information Request Form

Requester and Record Identification:

Name of Requester

Address (PO Box, City, State, Zip)

Telephone No.

Email Address

Description of Record (be as specific as possible):

_____ (use reverse side if necessary)

Date

Signature of Requester

City of Carson Response:

Date

Signature of City Official

- Your request has been received and is being processed. We will respond within ten days.
- The record you requested is attached. No Fee. Submit \$_____ fee.
- We have the record. For personal access please contact _____. For a copy submit \$_____ fee.
- We need additional information to respond to your request. Please provide the following information:

_____ (see reverse side).
- The record you have requested is exempt from disclosure under Iowa law. Please see the attached explanation.
- We do not have the record you have requested.

City Hall Office Use: Payment rcvd _____ By: _____ Amount _____ Cash or Check # _____