
[Date Stamp & Time]

TO: **City of Hubbard**

RE: **Public Records Request**

This is a request to review public documents or records of the City of Hubbard pursuant to the Public Records Act and the City of Hubbard's Resolution No. 364-2003. I understand that the documents or records requested may not be immediately available for my review and that I may need to make an appointment to review the documents or records. I acknowledge that there may be a cost for the research time to retrieve the requested documents or records, and that there is a cost for obtaining copies of documents or records. If research time is required, I understand I will be notified of the estimated cost prior to retrieving the documents or records. I also understand that prepayment for research time and copies may be required.

I acknowledge that any documents or records made available to review must not be disassembled and must be left intact, and that I cannot make copies myself.

The documents or records I would like to review are:

each additional sheet if needed)

Respectfully submitted,

Requester's **Signature**

Street Address

Requester's Name (**Please Print**)

City / State / Zip

Business Name (if applicable)

Daytime Phone No. / Fax

E-Mail:

For office use only

Time in: _____ Time out: _____ Finaled: _____
of files requested: _____ # of files in archives: _____
of copies made: _____ at \$.25 ea \$ _____
Miscellaneous _____ \$ _____
Receipt # _____

Action Taken:

Reviewed file _____ Spoke w/ Planner _____ Research Required _____
Spoke w Engineer _____ Provided Copies of _____