

**CITY OF LAKE WORTH  
PUBLIC INFORMATION REQUEST**

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE NO.:** (     ) \_\_\_\_\_

**NAME OF FIRM OR COMPANY  
REPRESENTING (if applicable):** \_\_\_\_\_

**TODAY'S DATE** \_\_\_\_\_

**TIME OF REQUEST:** \_\_\_\_\_, AM  PM

**INDICATE PREFERENCE: A COPY OR VIEWING/INSPECTING THE  
RECORD(S):** \_\_\_\_\_

**DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED:  
(Attach additional information if needed.)**

\_\_\_\_\_

\_\_\_\_\_

I understand I am responsible for any applicable charges as a result of this open records request.

\_\_\_\_\_  
**SIGNATURE**

***PUBLIC INFORMATION AVAILABILITY***

**THE RECORDS ARE:  AVAILABLE;  IN USE OR IN STORAGE AND ARE  
NOT IMMEDIATELY AVAILABLE FOR INSPECTION OR COPYING.  
REQUESTOR WILL BE NOTIFIED WHEN RECORD(S) ARE AVAILABLE.**

**Request Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Submitted to Responsible Party of Records:** \_\_\_\_\_

**Responsible Party of Records:** \_\_\_\_\_

**Action by Responsible Party of Records:** \_\_\_\_\_

\_\_\_\_\_

**Date Responsible Party Notified Requestor of Availability:** \_\_\_\_\_

**Signature and Date Requestor picked up request:** \_\_\_\_\_

**Responsible Party of Records Signature:** \_\_\_\_\_