

**CITY OF LAKE WORTH
PUBLIC INFORMATION REQUEST**

NAME: _____

ADDRESS: _____

PHONE NO.: () _____

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

DATE REQUEST: _____

TIME OF REQUEST: _____, AM PM

**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: BEING USED; IN STORAGE AND ARE NOT IMMEDIATELY AVAILABLE FOR INSPECTION. YOU WILL BE NOTIFIED WHEN RECORDS ARE AVAILABLE.

Request Received By: _____ **Date:** _____

Date Submitted to Responsible Party of Records: _____

Action by Responsible Party of Records: _____

Date Responsible Party Notified Requestor of Availability: _____

Date Requestor picked up request: _____

Responsible Party of Records Signature:
