

CITY OF WHITEWATER RECORDS REQUEST

Date of Request _____ Requested By (optional) _____

Requestor's Address _____

Email _____ Telephone _____

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Records Requested: (Please be specific) _____

How do you wish to receive the documents pertaining to your request?

_____ View in person at City Hall _____ Mailed to the address above _____ Held for pick-up

NOTE: Costs or pre-payment for copies, postage, or labor may be associated with providing this information.

Signature (optional): _____

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**For Office Use Only – This Open Records Request form is to be given to City Clerk immediately upon receipt.
City Clerk will make arrangements with appropriate Departments for records searches.**

TO BE COMPLETED BY CITY CLERK

Date Request Received _____

Signature of City Clerk

Date Request Completed _____

Date Records Picked Up/Mailed _____

Total Fee Paid \$ _____