

**CITY OF JEFFERSON
REQUEST FOR OPEN RECORDS INFORMATION**

Name: _____ **Date:** _____

Business or Home Address: _____

Telephone Number: _____ **Fax Number:** _____

Information Requested: *(Please be aware that it could take up to three (3) workings days to respond to your request).*

Signature: _____ **Date:** _____

Charge (where applicable): _____

Date Information was Available: _____

Staff Member who Handled Research/Transmittal: _____