CITY OF CLARKSTON

PUBLIC RECORD DISCLOSURE REQUEST

City St Zip Phone Request Made By: [] In Person [] In Writing [] By Telepho RECORDS REQUESTED: Title of Record Date of Record Please describe below the records you are requesting and any additional to the pushocate them for you as quickly as possible. Copy charges will be made for all copies requested. Standard charge is \$.15 added for requests by mail. An advance deposit may be charged. I certify that if a list of individuals is obtained through this request that the composition of the used for commercial purposes. Signature INSPECTION AND COPYING OF IDENTIFIABLE CITY RECORDS WILL BE FOLLOWS: WITHIN FIVE BUSINESS DAYS OF RECEIVING A PUBLIC RECORD MUST RESPOND BY EITHER (1) PROVIDING THE RECORD; (2) ACKNOWLED HAS RECEIVED THE REQUEST AND PROVIDING A REASONABLE ESTIMATE OF WILL REQUIRE TO RESPOND TO THE REQUEST OF A PUBLIC RECORD WILL REQUIRE TO RESPOND TO THE REQUEST OF A PUBLIC RECORD WILL REQUIRE TO RESPOND TO THE REQUEST MAY BE BASED	ress				
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