



REQUEST FOR PUBLIC RECORDS

CITY OF SEWARD, NEBRASKA

Office: 402-643-2928

Fax: 402-643-6491

TO BE COMPLETED BY REQUESTER:

Company/Organization: _____

Name: _____ Phone Number: _____

Address: _____

Email Address: _____ Fax Number: _____

The City of Seward intends to fully comply with all information requests to the extent required under Nebraska Revised Statute §84-712 et al. This is the governing statute for Nebraska cities for releasing information to the public. Please complete the information on this request form and submit to the City Clerk's office.

Fees for the producing of or copying of the requested documents and data shall apply. Those fees shall be based on the extent of the request and up to the amounts permitted by Statute. If the estimated cost of the producing of or copying of documents and data is \$50.00 or more, then the requester must pay an appropriate deposit prior to the request being fulfilled.

RECORD SOUGHT: Please provide a specific description of the record(s) you desire to inspect. Include record titles and dates, as well as the names of city departments which produced or hold the record(s).

FOR ADMINISTRATIVE PURPOSES ONLY

Date Request Received: _____ Estimated Cost: _____

This request was granted and/or allowed to be examined on _____.

Signed: _____ Date: _____

This request was denied and the requesting party was issued a letter of denial in accordance with the provisions of Neb. Rev. Stat. §84-712.04.

Signed: _____ Date: _____