

# Joseph City Utilities Records Request Form

## Requestor Identification

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

**Description of records requested:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Copy Fees:** 10¢ per page plus postage if necessary

## Delivery Method:

Pick Up     Home Delivery     USPS     Certified Mail

## Office Use Only:

Delivered     Denied     Unavailable    Delivery Date: \_\_\_\_\_

Signature: \_\_\_\_\_

If records request is denied or records are unavailable, explain here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_