



CITY OF CLEAR LAKE SHORES

PUBLIC INFORMATION ACT INFORMATION REQUEST FORM

Requestor Contact Information: (Please print clearly) **Today's date:** _____

First Name: _____ Last Name: _____

Company/Organization: _____

Mailing Address: (# and street) _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Description of information requested: *(Please describe as precisely as possible. Include date range, case numbers, date of incident, etc.)*

Under the Public Information Act, some categories of information do not have to be released. Exceptions to disclosure fall into two categories: 1) mandatory exceptions that make information confidential and require a governmental body to withhold information, and 2) discretionary exceptions that allow but do not require a governmental body to withhold information.

In most instances, a governmental body is required to request a decision from the Attorney General in order to withhold information from a requestor. However, a requestor may permit a governmental body to redact information without requesting an Attorney General decision. You are not required to agree to the redaction of any information responsive to your request, but doing so may streamline the handling of your request. If you agree to redactions in this request then you may request the redacted information in a future information request.

Do you agree to the redaction of information that is subject to mandatory exceptions, provided such redactions are clearly labeled on the information you receive? Yes ___ No ___

Do you agree to the redaction of information that is subject to discretionary exceptions, provided such redactions are clearly labeled on the information you receive? Yes ___ No ___

How would you like information provided:

Inspection only - no copies (if applicable). Yes ___ No ___

PROVIDE PAPER COPIES BY MAIL: (You will be invoiced and payment must be made prior to release of records)

PICK UP IN PERSON AT CITY HALL: Yes ___ No ___

Phone number to call when ready for pickup: _____

If available, do you wish to receive an electronic copy of the information? Yes ___ No ___

Provide email if different from above: _____

Signature of Requestor: _____ Print Name: _____

Date Request Received: _____

Request Received by: _____
(print name)

Date Forwarded to legal, if applicable: _____

Date Released to requestor: _____

Notes: _____

*****OFFICE USE ONLY BELOW*****

Amount Invoiced: \$ _____ Amount Paid: \$ _____

CC CASH CK#: _____

Clerks Initials: _____