

City of Wisner

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REQUEST FOR PUBLIC RECORD

NAME: _____

ADDRESS: _____

PHONE: _____ DATE: _____

RECORDS REQUESTED:

DEPOSIT: _____

REQUEST: APPROVED / DENIED

BY: _____

DATE: _____

INSPECTION FEE: _____ COPYING FEE: _____ TOTAL: _____

RECORDS DELIVERED: PICKED-UP / MAILED / EMAILED / OTHER: _____

BY: _____

DATE: _____

IF REQUEST DENIED; DENIAL LETTER SENT:

BY: _____

DATE: _____