

## Records Request Form

### REQUESTOR'S INFORMATION

1. Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Email Address: \_\_\_\_\_ Check to receive documents  
via email ☐

**REQUEST** (Please be as detailed as possible; include names, dates, subjects, meeting dates, resolution and ordinance numbers, project names, etc.)

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\_\_\_\_\_

\*Use back side if you run out of room.

I acknowledge the following:

The City of Essex staff should not be expected to abandon or neglect their regular public duties to comply with copy requests and thus need sufficient time to make and deliver any requested copies. If the requested material potentially contains confidential information or is otherwise exempt from disclosure, additional time may be required for review and possible redacting of the material. All requests will be processed in accordance with applicable procedures and rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of request

*Staple completed "Response to Records Request" packet to this form and retain for filing at City Hall. Customer is entitled to a copy of the completed form.*

