

**CITY OF ALTAMONT
FREEDOM OF INFORMATION REQUEST**

To Be Completed by Requester

Name: _____

Address: _____

Telephone Number: _____

I, the undersigned, do hereby request to examine and/or copy (check appropriate blank) those records maintained by the City of Altamont which pertain to:
(Please specify department and records sought)

I have read and understand the fees set forth in the "Schedule of Duplication: which is set forth on the reverse side of this form. At my request, copies may be mailed to me via certified mail at \$3.94 for the first ounce and \$.23 per each additional ounce. I also understand that all fees must be prepaid.

I do do not want the copies mail to me at the above-listed address.

Signature

Date

The City of Altamont will respond to the above request within seven (7) working days from the date of receipt unless one or more of the seven (7) reasons for an extension of time provided for in Section 3(d) of the Act are invoked by the City.

To Be Completed by Office

Date Request Received _____

Cost: _____ Copies: _____

Certification: _____

Certified Mail: _____

Total Cost: _____

Date Records either Personally Given _____ or Mailed _____

Denied/ Reason Why _____

Deferred/Reason Why _____

Employee Signature

Date

SCHEDULE FOR DUPLICATION OF RECORDS

GENERAL

Copying	Per Page	\$0.20
Certification	Per Document	\$5.00
Zoning Map	Per Document	\$5.00
Zoning Book	Per Document	\$