CITY OF SEWARD - REQUEST FOR OPEN RECORDS

The Nebraska Public Records Access guarantees Citizens the right to obtain copies of Public Records that are Not Exempt from disclosure by specific provisions of law. Citizens have a right to obtain a copy of any City Agency's Procedures or Ordinance for access to Non-Exempt and Existing Records, and to request assistance from the Seward City Clerk, Freedom of Information Officer, or Designated Representative. The City may require that requests be submitted in writing; this form is provided for convenience, but is not required. If a request is denied, the City of Seward must provide specific reasons for denial, and the requester has a right to receive such response in writing.

Information Provided by Requester

Date of Request (mm/dd/yyyy)	**Submitted To (Dept/Agency)**	**I am Submitting This Request** ☐ In person ☐ Scan-Computer ☐ Fax ☐ Mail
Name *(print)*		**Mailing Address *(required)***
Telephone *(optional)*	**Email Address *(optional)***	**Fax Number *(optional)***

PLEASE CLEARLY IDENTIFY THE RECORDS REQUESTED AS SPECIFICALLY AS POSSIBLE, OR FULLY DESCRIBE THE INFORMATION YOU WANT *(REQUIRED).*

I REQUEST TO: (please check all that apply) …	**IF THE REQUESTED RECORD(S) ARE NOT AVAILABLE, HOW SHOULD WE RESPOND BACK TO YOUR REQUEST?**
☐ Inspect the records named/described. ☐ Make notes from the records named/described. ☐ Obtain copies of some of the records named/described. ☐ Obtain copies of all records named/described. ☐ ***ESTIMATE OF COSTS FOR RESEARCHING AND PROCESSING EXISTING & AVAILABLE RECORDS*** **$_____**	☐ Call me to discuss. ☐ Fax to me at the telephone number I provided. ☐ Email me at the email address I provided. ☐ Send by mail to the address I provided. ☐ I will return in person.

REQUESTER SIGNATURE **X**_____ **PRINTED NAME** _____

FOR CITY OF SEWARD NEBRASKA USE ONLY:

Date Received (mm/dd/yyyy)	**Received by & Time:**	**ID Assigned (optional)**