



## INFORMATION REQUEST FORM

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PREFERENCE:    ☐ MAIL                      ☐ PHONE CALL                      ☐ EMAIL

### REQUESTING INFORMATION FROM THE FOLLOWING DEPARTMENT

_____ CLERK/TREASURER	_____ PLANNING & ZONING	_____ MAYOR'S OFFICE
_____ MUNICIPAL CODE	_____ MUNICIPAL JUDGE	_____ ENGINEERING

### TYPE OF INFORMATION REQUESTED

_____ MINUTES	_____ BUILDING CODE	_____ WATER/SEWER BILLING
_____ PERMITS	_____ MUNICIPAL CODE	_____ OTHER:

REQUEST DETAILS: \_\_\_\_\_

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**\*\*RESPONSE TIME IS THREE BUSINESS DAYS\*\***