City of Tabor

626 Main St – PO BOX 309
Tabor, Iowa 51653

712-629-2295 42-6005272 cityclerk@cityoftabor.org 712-629-1019 fax

REQUEST FOR PUBLIC RECORDS

Requestor Name: _____

Address: _____
STREET PO BOX (if any) CITY STATE ZIP

Cell Phone: _____ Home Phone: _____ E-mail: _____
(if different from cell)

Description of Records Requested: (be specific as possible)

_____

_____

_____

Please allow 3 days to process the request for public records.

_____ Date of Request: _____
Signature of Requestor

The requesting party shall receive the desired documents when the associated fees are paid. No documents shall be released until payment is received by the custodian. In addition, it should be noted that although the records requested may be "public records" within the meaning of Chapter 22, Code of Iowa, improper use of this information may violate other local, state and federal laws including but not limited to regulations relating to privacy, harassment, discrimination, debt collection, and/or defamation. Misuse by the requester of any "public records" the City is required by law to provide shall create no liability for the City or any of its officials or employees.

The requesting party has the right to inspect and copy public records pursuant to Chapter 22, Code of Iowa; however, the requesting party is reminded that the public records requested may contain copyrighted material that may carry with it separate legal protections under Federal Law. The requesting party is advised to consult a legal professional before copying copyrighted material.

Office Use Only:
Response : Date: _____ Record Available? Yes/No Copies Made? Yes/No How Many? _____

If Request Denied, provide reason: _____

_____