

**CITY OF ATLANTIC BEACH
PUBLIC RECORDS REQUEST**

Date

Person/Organization requesting information:

Address:

Telephone:

Information/Documents requested (Please be specific):

Every effort will be made to provide the requested information in a timely manner, regardless of whether the request is signed or in what manner the request is made.

Signature: _____

For Office Use:

Estimated time to process request:

Estimated cost of processing:

Request processed by:

Amount Paid:

Date