

REQUEST TO INSPECT AND/OR COPY PLANNING AND ZONING RECORDS

Name _____ Address _____ Telephone Number _____

Requests examination and ____ copies of the following records:

Date of Request: _____

Signature of Requesting Party

ACTION TAKEN

By Custodian Clerk:

- () Notice given to requestor that response to the request will be delayed up to ten (10) days after request.

Cost of copying, **to be paid in advance**, \$ _____ per page for _____ copies: \$ _____

- () Request granted on _____, 20__.

- () Request denied on _____, 20__.

Reason for denial _____

Custodian