CITY OF CLAYTON
PUBLIC INFORMATION REQUEST FORM

Date Requested _____ Date Completed _____

Employee Taking Request_____

Type of Information:

_____ Street Department
_____ Zoning
_____ Administration
_____ Resolutions
_____ Ordinances
_____ Personnel
_____ Police Records
_____ Fire/EMS Records
_____ Cemetery
_____ Engineering
_____ Other

Additional Specifications/Comments

_____ ___
_____
_____

PRICES:

$0.05 Per Page _____ x_____= $_____
$1.00 Per Floppy Disk _____x_____= $_____
$5.00 Per CD-Rom _____ x_____= $_____

Total Amount Due _____

(For City of Clayton Use Only)

Amount Collected $_____ Report Number _____
Date Received _____/_____/_____ Entered _____

Employee Signature _____

(Optional)

Name_____ Phone # _____

Address _____ Fax #_____

Email Address_____
