

**CITY OF SALISBURY**  
**PUBLIC INFORMATION ACT**  
**REQUEST FORM**

**Date of Request:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Ph:** (    )    -                      **Business Ph:** (    )    -

**Location Address:** \_\_\_\_\_

**Description of Requested Public Document:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Form of Response:** *(Select One)*

- Inspection of documents only  
 Copies of documents (Requires prepayment of copying costs - \$.25 per page, unless separate departmental fee schedule applies. No fee will be assessed if totaling \$1.00 or less.)

**Method of delivery:** *(Select One)*

- Via Email  
 Pick up (You will be notified by telephone or E-Mail when documents are available.)  
 Mail to address indicated above (Requires prepayment of postage costs.)

The City of Salisbury will produce the requested documents within thirty (30) days if the documents are available. If your request is denied, you will be notified within ten (10) days. If the request requires more than two (2) hours to research and compile, you may be charged for the employee's time after the first two hours. You will be notified of the estimated cost and, if the scope of work is extensive, a \_\_\_\_\_% deposit may be required.

**Applicant's Email:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Department Custodian's Signature:** \_\_\_\_\_

**Request: Approved**                       **Denied**

**Completed Date:** \_\_\_\_\_                      **Denial letter Date:** \_\_\_\_\_