

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



Date of Request _____

Applicant Name _____

Street Address City, State, Zip _____

Home Phone - Business Phone - E-Mail Address _____

Description of Requested Public Document:

Form of Response:

___ 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:

___ 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 Signature

FOR OFFICE USE ONLY REQUEST NO. _____

Department Custodian's

Signature _____

Request: Approved ___ Completed _____ (date)

Denied ___ Denial letter _____ (date)