

# City of Sargent



106 North 2<sup>nd</sup> Street  
P.O. Box 40  
Sargent, NE 68874-0040  
Phone (308) 527-4200  
Fax (308) 527-3745

## REQUEST FOR OPEN PUBLIC RECORDS

### RECORD REQUEST INFORMATION (To be completed by Requestor – Please Print)

FULL NAME: \_\_\_\_\_  
(Phone) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

I hereby acknowledge that I am aware that under the terms of Neb. Rev. State. §84-712, I am authorized to examine public records not withheld from me under the terms of Neb. Rev. State. §84-712.04 or other appropriate statutes, and that I may make memoranda and abstracts therefrom during the hours the offices are normally open to the public.

I hereby request a copy of the following public records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTOR NAME	DATE	FAX NUMBER
<i>(Most records will be provided within four (4) full business days from the date of request.)</i>		

### For Administrative Records

The request for the above-named document(s) was granted and/or allowed to be examined.

Signed \_\_\_\_\_ Date \_\_\_\_\_

The request was denied, and the requesting party was issued a letter of denial in accordance with the provisions of Neb. Rev. Stat. §84-712.04.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Record Fees (to be completed by City Clerk)

Total Pages \_\_\_\_\_ x \$0.25 per page = \$ \_\_\_\_\_

**YOUR COPY OF THIS FORM SHALL SERVE AS YOUR RECEIPT**

If you have any questions about your record request, please contact the City Clerk's Office at (308) 527-4200