



CITY OF TUSKEGEE
OFFICE OF THE CITY CLERK

101 Fonville Street / PO Box 830687
Tuskegee, Alabama 36083

Request for Duplication of Public Record(s)

NAME: _____

ADDRESS: _____

TELEPHONE: _____

I desire to review the following Public Record(s) of the City of Tuskegee:

[] Resolution #: _____

[] Ordinance #: _____

[] City Council Minutes dated: _____

[] Other _____

The reason (s) I desire to review these records is as follows: _____

Signature

Date

Official Use Only

_____ Request Approved
_____ Request Denied

Reason Denied: _____

_____ *Number of Copies* _____ *Number of Pages*
_____ *Duplication Fee* _____ *Total Duplication Cost*

City Representative

Date