

City of Gordon

Public Information Request

Information

Name: _____
Address: _____
Phone: _____

Type of Information to Be Requested:

- | | | | |
|--------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> Water | <input type="checkbox"/> Streets | <input type="checkbox"/> Animal Control | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Sewer | <input type="checkbox"/> Property Concerns | <input type="checkbox"/> Speed | <input type="checkbox"/> Other |

Date of Request: _____ Or: _____

Description:

All Information has to be already in Existence for Request to be Valid

Signature

Date

Released Information

- ☐ Approved
☐ Rejected If Information is Confidential

Comments: Attorney General has been Requested for Approval for Disclosure:

Signature

Date