

# CITY OF ALTOONA RECORD REQUEST FORM

DATE OF REQUEST: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DESCRIPTION OF RECORDS (for more space, continue on back)

ORDINANCE # \_\_\_\_\_ RESOLUTION # \_\_\_\_\_

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INSTRUCTIONS: (CIRCLE ONE)      WILL PICK UP      PLEASE MAIL

**I UNDERSTAND THAT THE DOCUMENT I AM RECEIVING MAY BE INCOMPLETE OR MAY HAVE TO BE READ IN CONJUNCTION WITH OTHER DOCUMENTS TO HAVE A COMPLETE AND TOTAL UNDERSTANDING OF THE CITY'S REGULATORY UNDERPINNINGS. I ALSO UNDERSTAND THAT THE CITY IS REQUIRED TO CHARGE ME FOR THIS REQUEST.**

\_\_\_\_\_  
**SIGNATURE**

**ALL REQUESTS ARE SUBJECT TO REVIEW BY THE CITY SOLICITOR  
A RESPONSE WILL BE MADE WITHIN 5 TO 30 DAYS**

|                                   |  |
|-----------------------------------|--|
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**PLEASE REFER TO OPEN RECORDS POLICY**