

**CITY OF MASON
PUBLIC INFORMATION REQUEST**

DATE: _____

***THE INFORMATION MAY OR MAY NOT BE AVAILABLE AT THE TIME REQUESTED OR MAY NOT BE AVAILABLE FOR PUBLIC INSPECTION. SHOULD THIS OCCUR THE INFORMATION WILL BE RELEASED AT THE EARLIEST CONVENIENCE WITHIN 10 DAYS UNLESS PRIOR NOTIFICATION.

PERSON REQUESTING INFORMATION: _____

REPRESENTING FIRM OR COMPANY: _____

TELEPHONE: (AC) _____

DESCRIPTION OF PUBLIC RECORDS BEING REQUESTED: _____

SIGNATURE

APPROVAL FOR RELEASE OF PUBLIC RECORDS

DATE RECEIVED: _____

RECEIVED BY: _____

FOR OFFICE USE ONLY:

DEADLINE FOR ACTION:

If the records are open, reply to the citizen by

If there is a question as to whether the records are open, query the Attorney General by

Date: _____, _____ called the citizen to ask questions or
(staff member's name) _____

explain extenuating circumstances.

Date _____, the records were released to the citizen _____.

10

Date _____, the records were accessed by _____

NOTE: IF SOMEONE PICKED UP THE RECORDS, ASK THE CITIZEN TO SIGN SO STATING.

If there was a question as to whether the records are open or available:

Date the letter was sent to the Attorney General _____

DEADLINE FOR THE ATTORNEY GENERAL'S RESPONSE

Date of receipt of the Attorney General's opinion _____

Date Citizen was notified of the Attorney General's opinion _____

DATE OF FINAL ACTION ON THE REQUEST _____