

REQUEST FOR OPEN PUBLIC RECORDS

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

Full Name: _____
(Phone)

Address: _____
(Street) (City) (State) (Zip Code)

Email: _____

I hereby request a copy of the following public records:

Requestor Signature

Date

(Most records will be available within four (4) full business days from the date of request, pursuant to Neb. Rev. Stat. section 84-712 et al.)

For Administrative Records

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

Signed _____ Date _____

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

Signed _____ Date _____

Record Fees (to be completed by Village Clerk)

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

Hrly Rate _____ x Hrs _____

Total Amount Due: _____

YOUR COPY OF THIS FORM SHALL SERVE AS YOUR RECEIPT

If you have any questions regarding your record request, please contact the Village Clerk's Office at (402) 994-6705 during normal business hours.