CITY OF MONMOUTH
WRITTEN REQUEST FOR
COPYING OF PUBLIC RECORDS

Date of request: ___________________  Received by: ________________________

Name: _________________________________________________________________

Address: ________________________________________________________________
_____________________________________________________________________

Phone: _________________________________________________________________

Describe in detail the public records you are requesting.
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

The City of Monmouth will respond to the above request within five (5) business days from the requested date unless an extension of five (5) additional days are necessary for reasons defined in Section 3(e) of the Act.

Date responded: ________________  Responded By: ________________________

The requestor has been notified of an extension of five (5) additional days for response based on one of the following:

i. records are stored in a separate location
ii. volume of records is extensive
iii. records are dispersed by category
iv. requires more than a routine search
v. will require redacting of personal information
vi. will create an undue burden or interfere with operations
vii. requires consulting another public body

initials