

CITY OF LIBERTY
OPEN RECORDS REQUEST

Date of Submission of Request_____

Name

Street Address

City

State

Zip Code

Telephone No.

Fax No.

Please list the information that you are requesting. List specific dates if possible. If this is not possible, please list the beginning and ending dates.

For City Use Only

Date information was sent to the requestor_____

Records picked up by_____

Date picked up_____