



**CITY OF LAWRENCE
PUBLIC RECORDS REQUEST**

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DATE: _____

DOCUMENTS REQUESTED: _____

(Please attach a separate document if additional space is needed.)

Once you have completed the above portion, submit to the City of Lawrence Mayor's Suite #301
or by email to Damaris Iraheta at diraheta@cityoflawrence.org.

FOR CITY STAFF USE ONLY:

Form of Request: _____ In Person _____ Email or Letter

Date Received: _____ By: _____

Date initial response sent: _____ By: _____

Final Response: _____ Documents Provided

_____ Partial Documents Provided

_____ No Documents Provided

Date completion letter sent: _____ By: _____

Number of pages: _____ x \$0.10 per page = _____ + other costs: _____

= _____ total owed.