



Village of Amanda
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 Email – VillageofAmanda@hotmail.com
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Public Records Request

I/We, request documents indicated above. I agree to pay the Village of Amanda for copies at the rate of \$.25 cents per page for documents requested pursuant to the Public Records Act.

Name

Address/Mailing Address

Email Address

Phone

Please list each file or record separately. Please circle:

I wish to: review or obtain

Record Requesting:

For internal Use only					
Approval or Denial, if denial reason					
Date requested			Date Approved/Denied		
Mailed	Picked- Up	Emailed	Oral	Telephone	Fax
Delivered					
Any fees incurred to deliver/mail request will be paid by requester.					

Mayor Signature