

CITY OF NEWPORT
REQUEST FOR INFORMATION (DATA REQUEST)

Name: _____

Phone: _____

Address: _____

I, the undersigned, do hereby request the City of Newport to release, to me, any information they have relating to:

Location of Incident (If Applicable): _____

Date of Incident (If Applicable): _____

I do release the City of Newport, or any of its agents from all liability for damages that may result from any unauthorized use of said information

Requestor's Signature: _____ Date: _____

For Office Use

Record View Only: Yes _____ No _____

Request Copy: Yes _____ No _____

Copy Provided: Yes _____ No _____

Received By: _____ Date: _____

Authorized Release: _____ Date: _____

Denial of Release: _____ Date: _____

Search/Copy Fee (Up to 100 Pages): \$0.25 per page

Receipt #: _____ Check #: _____ Cash: _____ Fee Paid: \$ _____ Date: _____