CITY OF NILES
PUBLIC RECORDS REQUEST FORM

PLEASE PRINT CLEARLY

Date:	
Requester's Name:	
Company:	
Address:	
City, State, Zip:	
Telephone Number:	
Email Address:	

The City of Niles provides this form to manage the public records request process more efficiently, to enhance the ability to reply by helping to avoid delays and confusion. The availability of public records is not limited by or conditioned on completion of this form. A written request for records is not mandatory and you may decline to identify yourself. If you do not want to make a written request, or do not want to reveal your identity, please call the appropriate City office, department or division. If you choose to use this form, please provide specific details about what you want, including timeframes, locations, etc. (if applicable). You may write on the back of this form if necessary. Thank you.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____