

**CITY OF SELMA
PUBLIC INFORMATION REQUEST**

Date: _____

The information may or may not be available at the time requested or may not be available for public inspection. Should this occur, the information would be released at the earliest convenience

Person requesting information: _____
(Please print name)

Representing firm or company: _____

Address: _____

Daytime phone number: _____

**Description of public record(s) being requested:
(Please list specific dates if possible)**

(Signature of Requestor)

APPROVAL FOR RELEASE OF PUBLIC RECORDS

Routed to: _____

Date received: _____

Date of final action on this request: _____

Department: _____

Action taken: _____

Invoiced by: _____

Approved by: _____