

8.4.3

City of Delta
Request for Inspection/Copying of Records

Contact Person: _____

Business Name: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____

Email Address: _____

Date of Request: _____ Time of Request: _____

RECORDS BEING REQUESTED. Be as specific as possible, including whether you require signed copies, certified copies, exhibits or other attachments (attach additional sheets if necessary).

FOR CITY USE ONLY

Final Cost: _____ pages @ \$.25 = \$ _____
_____ hours @ \$20.00 = \$ _____ _____ hours @ \$110 = \$ _____

Other Fees: _____

Total Cost \$ _____

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