REQUEST TO VIEW PUBLIC RECORD

Date of Request:_____ **Block / Lot:**_____

Name of Requestor:_____

Phone # or Email of requestor:_____

Subject Property Address:_____

Project Record Number:_____

Description: ☐ PLANNING CASE FILE ☐ PLANNING CASE FILE –ALL (DOCUMENTS INCL. ENVIRONMENTAL)
☐ ENVIRONMENTAL DETERMINATION ☐ HISTORICAL FILE   ☐ MOTION
☐ VARIANCE DECISION LETTER   ☐ GA SIGN FILE   ☐ NEIGHBORHOOD NOTIFICATION (SEC. 311)
☐ CODE ENFORCEMENT FILE   ☐ OTHER
☐ ALL (THIS INCLUDES ALL DOCUMENTS RELATED TO THE ADDRESS LISTED ABOVE, NOT A SPECIFIC PROJECT)

If other, please describe:_____
_____
_____

STAFF NAME AND PHONE # :_____

Rules for ReViewing public records:

Records retrieved from offsite may take up to two weeks. Records placed for public viewing will remain accessible for ten business days after which they will be returned to storage or be re-filed. All persons wishing to view original records of the Department must show adequate personal identification. Upon completion of the review, requestor must sign above indicating that s/he has reviewed the file. Neither the docket nor its contents shall leave the reception area or reviewing room unless accompanied by an employee of the Department. Copies of any public record may be photocopied in the Department for the price established by ordinance. **Records must be returned intact to the receptionist.**

Please initial that you understand the rules for viewing: _____

DATE OF REVIEW:_____

TYPE OF IDENTIFICATION PROVIDED:_____

Name of reviewer (If different from Requestor)**:**_____

Reviewer's Signature_____

Project Record Number:_____

Subject Property Address:_____

Name of Requestor: _____

Phone # or Email of requestor:_____

OFFSITE DOCKET ORDER INFORMATION:

File I.D.:_____   Box Number: _____

       _____   _____

       _____   _____

Per Planning Code Section 351 (c) Miscellaneous Services, on July 1, 2009, the Planning Department will charge $7.15 for cost recovery per docket for requested dockets that are stored off site. Payment is required before order is placed.

DUPLICATION FEES AND PAYMENT INFORMATION

$.10 per side is charged for all b/w copies.

Number of copies made by reviewer   _____x $ .10 = $_____Total

Number of copies to be made by Staff   _____x $ .10 = $_____Total

(NOTE: Staff has 10 business days to respond to request for duplication of records)

Audio cassette reproduction (per hearing)   _____x $1.00 = $_____Total

CD or other media reproduction (per CD)   _____x $ .25 = $_____Total

Number of offsite dockets requested   _____x $14.10 = $_____Total

Payment received by:_____ $_____ Total Paid

Cash:_____ or Check # _____Receipt Number:_____

Files Not Found, Amount of refund:_____

Cash: √ or Check #: _____Date of refund:_____

CHECK OFF BY RECEPTION STAFF AFTER REVIEW:

When review is complete, file should be returned to the Reception Staff and identification returned to reviewer.

Initial:_____Records Returned to Reception Staff by Reviewer.
Initial:_____Notify Planning Staff (name):_____ by email to pick up file(s)