



Request for Public Records

*All information below must be completed in full

Name: _____

Date: _____

Address: _____

Phone # _____

Nature of Request: Please include as much detail as possible including document name/number; date document was produced/published, etc. Please print or type clearly.

Fees: Copy requests - \$0.10/black & white copy; \$0.25/color copy

*Unusual requests may have an additional fee dependent upon the nature of the request and the time involved by the City Official.

By signing below I understand I am responsible for any cost associated with producing the document(s) I have requested. I understand my request will be reviewed to ensure the document(s) I am requesting is (are) a public record according to Iowa Law. I agree to the time frame indicated for the City Official to provide the document(s) requested. All requests will be reviewed by the Mayor.

Citizens Signature/Requestor

Date of Request/Signature

City Official Response

The document you have requested will be available within 7 business days unless noted below. If the document is not able to be produced within this time frame, you will be contacted by a City Official.

You document/recording will be available on: _____

City Clerk: _____

Date: _____

Mayor: Scott Sanders
Council: Brad Mulford, James Robbins, Dave Smit, Nick Wilson, Jill Peterson

110 South 3rd Street
PO Box 252
Sheffield, Iowa 50475

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FAX 641-892-4327
EMAIL clerk@sheffielddiowa.com
WEBSITE www.sheffielddiowa.com