



City of Davenport 226 W. 4 <sup>th</sup> Street Davenport, IA 52801 (563) 326-7763 Fax (563) 326-7736
---

**Public Record Information Request**

Requester and Record Identification

Name of Requester	Address (City, State, Zip)	Telephone No.
-------------------	----------------------------	---------------

\_\_\_\_\_  
 Email address

Description of Record (be as specific as possible):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (use reverse side if necessary).

\_\_\_\_\_  
 Signature of Requester

City of Davenport Response

- \_\_\_\_\_ Your request has been received and is being processed. We will respond within ten days.
- \_\_\_\_\_ The record you requested is attached.  No fee.  Submit \$\_\_\_\_\_ fee.
- \_\_\_\_\_ We have the record. For personal access please contact the person whose name appears below. For a copy submit \$\_\_\_\_\_ fee.
- \_\_\_\_\_ We need additional information to respond to your request. Please provide the following information:  
 \_\_\_\_\_ (see reverse side).
- \_\_\_\_\_ The record you have requested is exempt from disclosure under Iowa law. Please see the attached explanation.
- \_\_\_\_\_ We do not have the record you have requested.

City of Davenport Remarks

---

---

---

---

---

---

---

\_\_\_\_\_  
Signature of City Official

\_\_\_\_\_  
Title of City Official

Date: \_\_\_\_\_

For City Use Only

Request rec'd by: \_\_\_\_\_ On: \_\_\_\_\_

Action assigned to: \_\_\_\_\_

Response due date: \_\_\_\_\_

Fee Amount due: \$\_\_\_\_\_ Date fee received: \_\_\_\_\_

Space Provided for Additional Information concerning records requested: