



Village of Clemmons  
 3715 Clemmons Road ▪ Clemmons, NC 27012  
 PHONE: 336-766-7511 ▪ FAX: 336-766-7536  
[www.clemmons.org](http://www.clemmons.org)

## PUBLIC RECORDS REQUEST FORM

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Prefer to be Contacted By:  Phone  E-mail I want:  to review records  copies of records.

**PUBLIC RECORDS/INFORMATION BEING REQUESTED:** *Please be specific. Information such as date range, department where records are located and document titles are helpful if known. Attach additional sheets if necessary.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### REQUESTOR TO READ AND SIGN UPON SUBMITTING REQUEST

I understand that Public Records requests and records themselves will be reviewed by either the Village Manager or Village Attorney prior to my receipt. Further, I understand I will be charged a copy/scan fee of .10 cents per single-sided, 8 ½ X 11 page (double-sided pages are .20 cents); rolled plans vary from \$5.00 - \$7.00 per page. I also understand other sized copies are available at a higher cost.

X \_\_\_\_\_  
 Signature of Requestor

\_\_\_\_\_  
 Date of Request

### INTERNAL USE ONLY –TO BE COMPLETED BY VILLAGE STAFF

This request was provided to \_\_\_\_\_ on \_\_\_\_\_

*Staff must advise the Village Clerk, on or before day 5, if records are not able within five working days.*

Day 1: \_\_\_\_\_ Day 2: \_\_\_\_\_ Day 3: \_\_\_\_\_ Day 4: \_\_\_\_\_ Day 5: \_\_\_\_\_

Location of Records:  On Site  Off Site

Reviewed by:  Village Manager  Village Attorney

This Request Was Satisfied/Date: \_\_\_\_\_

This Request Was Not Satisfied/Reason: \_\_\_\_\_

This Request Was Denied/Reason: \_\_\_\_\_

### ACKNOWLEDGEMENT OF RECEIPT UPON COMPLETION OF REQUEST

X \_\_\_\_\_  
 Signature Acknowledging Receipt

\_\_\_\_\_  
 Date of Receipt

Staff Representative: \_\_\_\_\_ Number of Copies: \_\_\_\_\_ Fee \$ \_\_\_\_\_ *Attach copy of receipt*