



# City of Highland

## Request for Public Records

Office of the City Clerk

Phone: 618-654-9891

Fax: 618-654-4768

Description of requested record(s): *(Please be as specific as possible.)*

Request is made to: (Check one or both)       Inspect       Copy (Number of Copies) \_\_\_\_\_

Do copies need to be certified?       Yes       No

If less than all need to be certified, please list those that need to be certified.

Is this request for the purpose of furthering any commercial enterprise?       Yes       No

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

\_\_\_\_\_  
*Signature of Requestor*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

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

Due Date of Initial Response: \_\_\_\_\_

Notes:

Receipt #: \_\_\_\_\_

*If payment required*