

REQUEST FOR INFORMATION from City Of Hardin

NAME: _____

COMPANY: _____

COMPLETE ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

SIGNATURE: _____ DATE: _____

INFORMATION REQUESTED: _____

Total pages _____ @ 50¢ per page = Amount due: _____

The documents will be ready for mailing or pick up in five business days (MINIMUM) after the City of Hardin receives this completed form. Once request is approved a **check (business or certified), a postal money order or cash for the full amount will be due** before dispensing of requested documents. No Credit

Payment received by: _____ Date: _____

Packet received by: _____ Date: _____

Below Area - For Office Use Only

Status: _____ Date: _____ By: Mayor _____

Status: _____ Date: _____ By: City Attorney _____

Status: _____ Date: _____ By: P.W.S. _____