

# REQUEST FOR INFORMATION

from  
City Of Hardin

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**INFORMATION REQUESTED:** \_\_\_\_\_

\_\_\_\_\_

Total time for Research: \_\_\_\_\_.

First hour, NO Charge then Each 15 minutes @ \$5.00 = Amount due: \$ \_\_\_\_\_

Total Number of pages @ \$0.15 per page = \_\_\_\_\_ = Amount due: \$ \_\_\_\_\_

Total 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: City Clerk \_\_\_\_\_

Status: \_\_\_\_\_ Date: \_\_\_\_\_ By: City Attorney \_\_\_\_\_

Status: \_\_\_\_\_ Date: \_\_\_\_\_ By: Mayor / P.W.S. \_\_\_\_\_