

**CITY OF WHEELER
PUBLIC RECORDS REQUEST**

DATE _____

NAME _____

MAILING ADDRESS _____

PHONE _____

RECORDS REQUESTED _____

SIGNATURE _____

DATE SIGNED _____

FOR OFFICE USE ONLY

Received by _____ Date _____ Number _____

Estimated date information will be available _____

Estimated cost _____

The City of Wheeler is an equal opportunity provider.