

## City of Coleraine Data Request Form

- A. Completed by the requestor:** If applicable, also attach copy of consent for release of data.

Requester Name: (Required if requesting not public data)	Date of Request:
Address: (Optional for notification/mailling purposes)	Phone Number:
Description of the information requested: (attach additional sheets if necessary)	

- B. Signature:** If form is mailed and includes a request for data that is not public, sign this form and have your signature notarized.

Signed:
Acknowledged before me on this _____ day of _____, 20____.
_____ <b>NOTARY PUBLIC</b>

- C. Completed by Department**

Department Name:	Handled by:
Information Classified as: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Confidential <input type="checkbox"/> Non-public <input type="checkbox"/> Protected non-public	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved in part (Explained below) <input type="checkbox"/> Denied (Explain below)
Remarks or basis for denial including statute section:	
Charges: <input type="checkbox"/> None <input type="checkbox"/> Photocopy ____ Pages x ____ cents = ____ <input type="checkbox"/> Special Rate: _____ (attach explanation) <input type="checkbox"/> Other: _____ (attach explanation)	Identity verified for Private Information: <input type="checkbox"/> Identification: Driver's license, state ID, etc. <input type="checkbox"/> Comparison with signature on file <input type="checkbox"/> Personal knowledge <input type="checkbox"/> Other: _____
Authorized Signature:	Date: