City of Minden

P.O. Box 239, 325 N. Colorado
Minden, Nebraska 68959

phone 308.832.1820
fax 308.832.1949
www.MindenNebraska.org

The Christmas City
Minden NEBRASKA

RECORD REQUEST INFORMATION (To be completed by Requestor – Please Print)

Full Name:_____

(Phone)

Address:_____

(Street)   (City)   (State)   (Zip)

I, hereby acknowledge that I am aware that under the terms of Neb. Rev. Stat. 84-712. I am authorized to examine public records not withheld from me under the terms of Neb. Rev. Stat. 84-712.04 or other appropriate statuses, and that I may make memoranda and abstracts there from during the hours the offices are normally open to the public.

I hereby declare that I do not intend to and will not:
   a. Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or
   b. b. Sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to

 I hereby request to examine the following public records:

_____

_____

_____
Requestor Signature   Date

(*Most records will be provided within four (4) full business days from the date of request.*)

For Administrative Records

This request for the above-names documents(s) was granted and/or allowed to be examined.

Signature _____   Date _____

 This request was denied, and the requesting party was issued a letter of denial in accordance with the provisions of Neb. Rev. Stat. §84-712.04.

Signature _____   Date _____

Record Fees (to be completed by City Clerk)

Total Pages _____ x $0.25 per page = $_____

YOUR COPY OF THIS FORM SHALL SERVE AS YOUR RECEIPT

If you have any questions about your record request, please contact the City Clerk's Office at (308) 832-1820.