



All public records requests must be submitted to:

Records Technician
 PO Box 2200 Cody, WY 82414
 (P) 307-527-7512 (F) 307-527-6532
 Email: Records@cityofcody.com

Per Wyoming State Statutes, public records must be released within 30 days after the date of acknowledged receipt of the request unless good cause exists preventing the release in that time frame. Please note that some requests may require additional research and preparation that may prolong the amount of time in which you receive your request. All applications for public records shall be submitted to the Records Technician.

Application for Public Records

Name of individual requesting information	
Mailing Address	
Phone Number	
Fax Number (required if fax delivery is requested)	
Email Address (required if email delivery is requested)	

PART I: I hereby request to (check one): **Inspect** **Purchase Copy of** the following records
(please be specific and include names, dates, keywords and the name of the specific record or records).
Attach additional sheet if necessary.

PART II: If the request is for Purchase Copy, indicate below how you want to receive the records:

Delivery Method: In Person Mail Email Fax

Document Format: Paper Copy .txt .pdf Other: _____
 (please note that some records may not be available in the requested format)

I am requesting the City of Cody provide the following information in accordance with Wyoming State Statute 16-4-201, Public Records, Article 2. I understand there may be a fee to provide the requested information. Fee must be paid at the time this request is submitted.

 Requestors Signature

 Date

CITY OF CODY USE ONLY

Request Received By: 	Date Received: 	Acknowledged Receipt of Request: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> In Person
Forwarded to Records Custodian: Date: _____ _____ Administration _____ Police _____ Parks, Recreation, Facilities _____ Community Development _____ Public Works _____ Utilities		Forwarded to Attorney: Date: _____ Attorney Comments: _____ Information is Disclosable _____ Information is NOT Disclosable
<p align="center">Records Disclosable</p> Provided records to requesting party <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax Date: _____ Records Fee <input type="checkbox"/> Paid _____ <input type="checkbox"/> Waived – cooperating agency (attach receipt)		<p align="center">Records NOT Disclosable</p> Notified requesting party <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax Date: _____
Records Technician Signature:		
Records Custodian Signature:		