EQUAL HOUSING OPPORTUNITY

Village of Shelton
219 C St., P.O. Box 6, Shelton, NE 68876
Ph: 308-647-5484 / Fax: 308-647-5402
Email: clerk@villageofshelton.org
Website: villageofshelton.com



REQUEST FOR OPEN PUBLIC RECORDS

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

Full Name: _____Phone # _____

Address: Street _____City _____St _____Zip Code_____

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. §84-712.01 or other appropriate statutes, and that I may make memoranda and abstracts therefrom 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) 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 sell or offer for sale any property or service to any person who resides at any address listed.

I hereby request a copy of the following public records: _____

_____

_____

_____

Requestor Signature _____ Date_____ Email _____

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

For Administrative Use

The request for the above-named document(s) was granted and/or allowed to be examined.

Signed _____ 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.

Signed_____ Date _____

Record Fees (to be completed by Village Clerk)

Total Pages _____x $0.25 per page = $_____

YOUR COPY OF THIS FORM SHALL SERVE AS YOUR RECEIPT