

**CITY OF NEWPORT**  
**REQUEST FOR INFORMATION**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

I, the undersigned, do hereby request the City of Newport to release, to me, any information they have relating to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of Incident (If Applicable): \_\_\_\_\_

Date of Incident (If Applicable): \_\_\_\_\_

I do release the City of Newport, or any of its agents from all liability for damages that may result from any unauthorized use of said information

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use

Record View Only: Yes \_\_\_\_\_ No \_\_\_\_\_

Request Copy: Yes \_\_\_\_\_ No \_\_\_\_\_

Copy Provided: Yes \_\_\_\_\_ No \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Release: \_\_\_\_\_ Date: \_\_\_\_\_

Denial of Release: \_\_\_\_\_ Date: \_\_\_\_\_

**Search/Copy Fee (Up to 100 Pages): \$0.25 per page**

Receipt #: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_