

CUMING COUNTY NEBRASKA

Planning & Zoning Office

PUBLIC RECORDS REQUEST

Pursuant to Neb. Rev. Stat. §84-712 et. seq citizens have the right to examine, and obtain copies of Public Records that are not exempt from disclosure as set forth in Neb. Rev. Stat. §84-712.05. Citizens have a right to obtain a copy of any public record or document regardless of its physical form by making a request to the County's custodian of that record. A public record request shall be submitted in writing to the custodian of the record. The custodian of the record shall have four (4) business days as defined in Neb. Rev. Stat. §84-712 (4) to respond to a request, and provide the requesting party an estimate of expected cost of the copies and either (a) access to or, if copying equipment is reasonably available, copies of the public record, (b) if there is a legal basis for denial of access or copies, a written denial of the request together with the information specified in section 84-712.04, or (c) if the entire request cannot with reasonable good faith efforts be fulfilled within four business days after actual receipt of the request due to the significant difficulty or the extensiveness of the request, a written explanation, including the earliest practicable date for fulfilling the request, an estimate of the expected cost of any copies, and an opportunity for the requestor to modify or prioritize the items within the request.

Information Provided by Requester

Date of Request (mm/dd/yyyy)	Submitted to (Department)	I am Submitting This Request <input type="checkbox"/> In person <input type="checkbox"/> Scan-Computer <input type="checkbox"/> Fax <input type="checkbox"/> Mail
Name (Print)	Mailing Address (Required)	
Telephone (Required)	Email Address (Optional)	Fax Number (Optional)
Please clearly identify the records requested as specifically as possible, or fully describe the information you want (required) (please print legibly - if more room needed, use back of page)		
I request to: (please check all that apply) . . . <input type="checkbox"/> Inspect the records named/described <input type="checkbox"/> Make notes from the records named/described <input type="checkbox"/> Obtain copies of some of the records named/described <input type="checkbox"/> Estimate of cost for researching and processing existing & available records \$ _____	If the requested record(s) are not available, how should we respond back to your request? <input type="checkbox"/> Call me to discuss <input type="checkbox"/> Fax me at the number I provided <input type="checkbox"/> Email me at the email address I provided <input type="checkbox"/> Send by mail to the address I provided <input type="checkbox"/> I will return in person	

REQUESTER SIGNATURE

PRINTED NAME

For Cuming County Use Only

Date Received

Received by

Date info to Requester

Given by

Amount Due for Request

Date Payment Received