

# City of Cumberland

## INFORMATION REQUEST FORM

*Requests for information will be responded to in writing within 30 days of the request, unless otherwise notified.*

Date of Request: \_\_\_\_\_

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

Requested Information *(Please be as specific as possible.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

For City Use:

|                      |             |
|----------------------|-------------|
| Department:          | Request No: |
| Custodian Signature: |             |
| Date Completed:      |             |
| Expense:             |             |