City of Portsmouth – Public Records Request

Name:	Date:
Mailing Address:	
Description of Public Document Requ	uested:
 □ Call when document is ready □ Mail document to address above 	
□ Mail document to address above \$10/page; p	
For Public Use Only	
Date Fulfilled:	Notes:
□ Called by phone	
□ Mailed	
Other Action:	
□ Redacted	
□ Sent to Solicitor for Review	
□ Refused	