

**THE CITY OF TRAVERSE CITY
ASSESSOR'S OFFICE
Records Request Form (revised 10/23/12)**

Name of Requestor: _____

Records Requested: _____

Contact Phone No.: _____ Date Needed: _____

General Information:

- Records Request forms must be filled out completely and submitted to the Traverse City Assessor's Office
- 2 week minimum lead time for requests required
- A \$15.00 flat handling fee will be charged per each request. Additional charges are as follows:
 - \$1.25 for the first page, 25 cents for each additional page
 - Postage (if mailed)
 - Labor (charged if request will take more than 30 minutes – an estimate will be provided prior to starting request)

Disclaimer: The City of Traverse City does not warrant, expressly or impliedly, or accept any responsibility for any errors, omissions, or inaccuracies contained in the documents therein.

I agree with the above:

Signature of Requestor Date: _____

For The City Of Traverse City Use Only Below:

Date Request Received: _____

Staff Member Who Completed Request: _____

Parcel Numbers: _____

Data/Work Request Completed: _____