Bessemer City
NORTH CAROLINA EST.1893
City with a Heart

Public Record(s) Request Form

Date of this Request: _____ Requestor's Name: _____

Address: _____

Street City St Zip

Phone: _____ Email: _____

Title of the Requested Record(s): _____

Location of the Requested Record(s): _____

Description of Record:

Indicate the form in which you wish to receive the requested record(s):

- ☐ I want to inspect the record(s)
- ☐ I want a copy of this record
- ☐ I want record(s) emailed to the address above
- ☐ I want an electronic copy of the record

Mail, deliver, or email this completed form to:
City of Bessemer City
ATTN: Hydeia Hayes, City Clerk
132 W. Virginia Avenue
Bessemer City, NC 28016
hhayes@bessemercity.com

Received Date _____

Projected Completion Date: _____

Associated Fees for Record: _____

(INTERNAL USE ONLY)

Public Record(s) Request Terms:
The City of Bessemer City wishes to provide all persons access to public records as defined by N.C.G.S. Chapter 132. The following provisions may apply for public record(s) request:

- Payment of duplication and delivery fees will be made prior to the release of public records. When required, the payment of a deposit may be made prior to the duplication of any record.
- Copies of record(s) will follow the current budget fee schedule for copies.
- Copies of public record(s) that are not otherwise collected or available in pre-printed form and that require an extensive use of clerical information technology resources may be considered a special service as described by N.C.G.S. and may be subject to an additional fee. This will be explained to the requester prior to producing a record. An agreement may be signed between the City and the requestor with certain requests.

Requestor Signature: _____

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