



Public Records Request

City of Boulder City: Boulder City Municipal Airport

Section 1: Requester Information

First Name*	Last Name*	Date of Request*	
Company Name* if applicable			
Phone*	Fax		
Email*			
Street Address*	City*	State*	Zip Code*

Section 2: Audio Request

Fill out the fields below and be accurate to the date and time you are requesting as you must be accurate ±10 minutes of the specified time you request.

Date*	Time*
Reason for Request*	
Describe call including any call signs, tail numbers, what was said, etc.	

Section 3: Record(s) Requested

Describe the record(s) you are requesting. Please be as specific as possible and include enough detail to assist City Staff in locating the record(s). Include relevant date(s) or date range(s).

Request Description*	
Date Range Start	Date Range Finish

Section 4: Receiving Record(s) Method

Please specify the preferred method of receiving the requested record(s).

Delivery Method* Email at the email address above.

Postal mail at the mailing address above: \$1/BW or \$1.5/Color or \$5/CD

In Person: \$1/BW or \$1.5/Color or \$5/CD

Please Specify

Section 5: Submission Terms I agree to the terms of submission

By checking the box above, I certify the information above is true and correct to the best of my knowledge. I understand copying and other associated fees may apply and records will not be released until payment is received.