

Phone: 704-824-3518 www.lowellnc.com

## CITY OF LOWELL Request for Public Information

The City of Lowell appreciates your interest. Please complete this form as accurately as possible to help ensure that we respond with the information needed in a timely manner. Please print.

Name:			
Mailing Address:			
City:	State:	Zip:	
Phone:	Email:		
assist the City of Lowell in ret	trieving the record(s). Attac	possible and include sufficient details to ch additional sheets if necessary.	
<ul> <li>Call when ready and I wil per page will apply to cop</li> </ul>		vell City Hall. (Note: Charges of 25 cents	
The request may be submitt Email submission of form wi		ly to: Lowell City Hall 101 West First Street Lowell, NC 28098 Attn: Cheryl Ramsey, City Clerk	
Signature:		Date:	
	For Office Use Or	าโy	
Completed by:	Аррі	Approved by:	
Date Completed:	Dat	Date of Delivery:	