

101 W. First Street
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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: _____

Please describe the records requested. Be as specific as possible and include sufficient details to assist the City of Lowell in retrieving the record(s). Attach additional sheets if necessary.

I prefer to receive the record(s) by:

- Postal mail at the address listed above. *(Note: Charges may apply for postage.)*
- Email address listed above. *(Note: If electronic format is available for records requested and request is not too large for the electronic transmission.)*
- Call when ready and I will pick up documents at Lowell City Hall.

The request may be submitted in person or by mail to: Lowell City Hall
101 West First Street
Lowell, NC 28098
Attn: Beverly Harris, City Clerk

Signature: _____ Date: _____

For Office Use Only

Completed by: _____ Approved by: _____

Date Completed: _____ Date of Delivery: _____