REQUEST FOR RECORD COPY

(To be completed by requester)

Name: _______________________________ Telephone No.: _______________________________

Address: _____________________________________________________________

_____________________________________________________________________

Signature: _______________________________________________________________________

COPIES SOUGHT: Please provide as specific a description as possible of the record(s) you desire to copy. Include record titles and dates, as well as the names of city agencies or departments which produced or hold the record(s) (if possible):

Record Title/Date                                                                 Number of Copies

1. ________________________________________________________________________

2. ________________________________________________________________________

3. ________________________________________________________________________

CHARGES: A charge for providing copies of public records is authorized by state law and has been established by the city governing body. These charges are set at a level to compensate the city for the actual costs incurred in honoring your request. The fee schedule established by the city is available in this office.

The charge to you for copy(s) of the record(s) you request is: $__________.

Prepayment of the above amount: ______is required ______is NOT required

Your copy of this form is your receipt.

(To be completed by Record Custodian)

Time of Request: Date______________ Time___________

Time Access Provided: Date______________ Time___________

Staff Time Involved: ___ Hours _____ Minutes Number of pages _____

Charge per Page Copied: $________ Charge for use of non-office copy equipment $________

Other charges $________ (List) _______________________________________________________________________

TOTAL CHARGES: $__________ Prepaid_______ Paid_______ Billed_________

______________________________________________
Record Custodian