

Public Records Request Form

Requestor Contact Information	
Name:	
Organization (if any):	
Address:	
City, State, Zip:	
Phone:	
Email Address:	

Records Requested:
Check one: <input type="checkbox"/> Paper copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> Inspection (in person)
<i>Please be as specific as possible when describing your request so the records custodian can better determine the type of records needed.</i>

Statement Regarding Fees and Charges	
<ul style="list-style-type: none"> ▪ Paper copies will be \$0.25 per page. If mailing is requested, the cost of postage will be charged. The City will require prepayment if the total fees are estimated to exceed \$100. ▪ If a request will take more than four (4) hours, the City will charge a reasonable fee, \$33 per hour (in excess of the initial four hours) to search, locate, collect, sort, copy and prepare the records to be produced. A cost estimate will be provided to the requester and approval and payment will be obtained prior to responding to the request. 	
<input type="checkbox"/> I understand there is a charge for copies of public records. I understand I will receive a written estimate for production of the records indicated above and that I will be required to pay in full prior to inspection or reproduction. Materials will be held for 30 days.	
Requestor Signature:	<div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>
	Date: <div style="text-align: center; border-bottom: 1px solid black; width: 100px; margin: 0 auto;"> ___/___/___ </div>