



PUBLIC RECORDS REQUEST

REQUEST SUBMITTED BY:

Name: _____ Date: _____
Organization: _____ Phone: _____
Address: _____ Fax: _____
City/State/Zip: _____

Signature of Requestor: _____

DESCRIPTION OF PUBLIC RECORDS REQUESTED *(include as much detail as possible, i.e., type of document, date, title, ordinance number, etc.):*

I am interested in: Personally Inspecting Records Obtaining Copies

FEES: *Prepayment is required if the estimated charges will be \$25.00 or over. If the actual charges are less than the prepayment, an overpayment will be promptly refunded.*

Photocopies or Printouts - 25¢ per page single or double sided

Color Photocopies or Printouts -75¢ per page single or double sided

Mailing – Actual cost + \$1 handling fee

Fax - 50¢ per page

Administrative/Clerical /Legal Research – Actual cost, first 30 minutes at no charge

(Staff time may be charged regardless of whether copies are provided for requests that are extraordinary and would significantly disrupt the regular discharge of staff person duties)

FOR OFFICE USE ONLY:

Date Received: _____ Date Provided: _____ Fee Paid: _____