



REQUEST FOR OPEN RECORD

Date: _____
 Name: _____
 Address: _____

 Phone #: _____
 Signature: _____

Description: Please provide a specific description of the record(s) you are requesting. Include the record title, date, department, or any other pertinent information.

(For Records Custodian Only)

Charges: A charge for providing access to public records is authorized by state law. These charges are set at a level to compensate the city for the actual costs incurred in honoring records requests. The fee schedule established by the city is posted below, established by city code – chapter 1, article 610-614.

	Qty	Total
Paper Copies: \$0.25 per page	_____	\$ _____
Faxed Copies: \$1.50 first page \$.075 each add'l page	_____ 1 _____	\$ _____
Research: \$15.00 per hour	_____	\$ _____
Postage: \$ _____	_____	\$ _____
Other Charges: \$ _____	_____	\$ _____
Total Charges Due:		\$ _____

Prepaid Paid Billed Prepayment Required

Date of Initial Response to Requestor: _____

Date Information Released to Requestor: _____

Signature of Person Releasing Documents: _____