



REQUEST FOR PUBLIC RECORD

Date Submitted: \_\_\_\_\_

The following Public Records are requested: (select one) View \_\_\_\_\_ or Copy \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** If you are making this request other than in person and your request will incur research fees (see below), the estimated fee will be calculated and the request will be held for your approval and payment of a deposit. If you have given us contact information, we will contact you with the estimated deposit amount. You are not required to provide a contact number. If you have not given us a contact method and fees will be incurred beyond copy costs, or questions arise, your request will be held until you contact us.

**FEES (Please Read)**

One Sided 8 1/2" x 11"	\$ .15	CD	\$ 5.00
One Sided 8 1/2" x 14"	\$ .15	Cassette Tape	\$ 5.00
One Sided 11" x 17"	\$ .20	VCR Tape/DVD	\$10.00
Two Sided Copy	\$ .20	Large Format Copies – fees based on outsourcing costs	
Certified Copy	\$1.00		

**FEES CHARGED** are based on the custodian's or his/her designee's rate of pay will be charged for extensive time, use of information technology, resources, or clerical labor. Extensive means more than 15 minutes to locate, review for confidential material, remove confidential material, copy and re-file the requested material. Charges will be calculated at the current rate of pay for the records custodian and or his/her designee.

**Note:** You are not required to submit a request in writing. Verbal or anonymous requests are honored as well. This form is intended to facilitate records requests and to assist the City in identifying miscellaneous revenue.

***For Office Use Only Below***

**Estimated fees to assemble:**

Person assigned to research: \_\_\_\_\_  
= \$ \_\_\_\_\_ per hour

Estimated time = \_\_\_\_\_

Estimated Cost =  
\_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Time x Rate

**Actual assemble fees:**

Start time: \_\_\_\_\_  
Finish time: \_\_\_\_\_

Total time = \_\_\_\_\_

Actual Cost =  
\_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Time x Rate

**Billing:**

Letter size \_\_\_\_\_ x .15= \$ \_\_\_\_\_  
Legal size \_\_\_\_\_ x .15= \$ \_\_\_\_\_  
Ledger size \_\_\_\_\_ x .20= \$ \_\_\_\_\_  
Two Sided \_\_\_\_\_ x .20= \$ \_\_\_\_\_

Certified Copy \_\_\_\_\_ x 1.00=\$ \_\_\_\_\_

Postage / Shipping \$ \_\_\_\_\_

Staff time \$ \_\_\_\_\_

**Sub-Total** \$ \_\_\_\_\_  
*ZZ Misc. 001-0213-369-90-00*

Outsourcing \$ \_\_\_\_\_  
*001-0315-515.47-01*

**Grand Total DUE** \$ \_\_\_\_\_

Deposit required? \_\_\_\_\_ Deposit/Payment received? \_\_\_\_\_ Refund required? \_\_\_\_\_

Records viewed on: \_\_\_\_\_ Request completed on: \_\_\_\_\_