

OPEN RECORDS REQUEST

Date and time of request: _____

Department or Official to which request is made: _____

Name of person requesting record: _____

Organization of person requesting record: _____

Mailing address: _____

Email: _____

Phone Number: _____ Fax Number: _____

Records requested. The request should be specific enough to allow identification of the records requested including, if available, title, date (year, month, day if possible) and the department which may hold the records:

Form Desired: ___ Inspection only, ___ Copies, ___ Printouts, ___ Photographs, ___ Digital/Electronic

Specify if other: _____

Method of response (pickup, mail, fax, email, etc.): _____

Date and time needed: _____

(The time for inspection or provision of records shall be within three (3) working days of the date of request unless extenuating circumstances exist)

Signature of person making request: _____

INVOICE

Copies: letter size at 25 cents/page: \$ _____

Copies: legal size at 35 cents/page: \$ _____

Copies: tabloid or ledger size at 50 cents/page: \$ _____

Copies: large format map or building drawing sheets \$ _____/page: \$ _____

Extra charge for collating, binding, manual stapling, etc. \$ _____

Cassette Tape, CD, or DVD at \$25 each \$ _____

Fees for preparation of data to produce requested record:

Staff research time after the first 15 minutes: _____ . ____ Hours x \$ 15.00 per hr: \$ _____

Staff preparation or copying time: _____ . ____ Hours x \$ 15.00 per hr: \$ _____

Accounting, engineering, or professional consultant

Research and preparation time: _____ . ____ Hours x \$ _____ per hr.: \$ _____

Attorney's legal research and preparation time: _____ . ____ Hours x \$ 200.00 per hr.: \$ _____

Other costs (specified): _____

\$ _____

TOTAL: \$ _____