

**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***

<b><u>Estimated fees to assemble:</u></b>	<b><u>Actual assemble fees:</u></b>	<b><u>Billing:</u></b>
Person assigned to research: _____	Start time: _____	Letter size _____ x .15= \$ _____
= \$ _____ per hour	Finish time: _____	Legal size _____ x .15= \$ _____
Estimated time = _____	Total time = _____	Ledger size _____ x .20= \$ _____
		Two Sided _____ x .20= \$ _____
Estimated Cost = _____ x \$ _____ = \$ _____	Actual Cost = _____ x \$ _____ = \$ _____	Certified Copy _____ x 1 .00=\$ _____
Time x Rate	Time x Rate	Postage / Shipping \$ _____
		Staff time \$ _____
		<b>Sub-Total</b> _____ \$
		<i>ZZ Misc. 001-0213-369-90-00</i>
		Outsourcing _____ \$
		<i>001-0315-515.47-01</i>
		<b>Grand Total DUE</b> \$ _____

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

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