



OPEN RECORDS REQUEST

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ E-MAIL: _____

Request information-Please be as detailed as possible; include names, dates, subjects, meeting dates, resolution and ordinance numbers, project names, etc.:

Is this request for:

_____ Inspection of public records

_____ Copying of Public Records

Signature

Date



OPEN RECORDS REQUEST

FOR CITY STAFF USE ONLY

Details of Request

1. Date and Time request received:
2. Date and Time request processed:
3. When and how was requester notified:

Fee Worksheet

Description	Quantity	Amount	Total
COPY CHARGES			
Black and White-single sided	_____	\$.10/page	_____
Black and White-double sided	_____	\$.15/page	_____
Color-single sided	_____	\$.50/page	_____
Color-double sided	_____	\$.60/page	_____
POSTAGE CHARGES			
Actual Cost	_____		_____
LABOR CHARGES (After 15 minutes-15 minute intervals)			
	_____		_____

TOTAL _____