



PUBLIC RECORDS REQUEST FORM

DATE: _____

REQUESTOR'S NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

DESCRIPTION OF RECORD OR INFORMATION REQUESTED (BE AS SPECIFIC AS POSSIBLE)

SIGNATURE OF REQUESTOR: _____

PRICING INFORMATION:

Black & white copies: \$.10 per page

Color copies: \$.25 per page

Email: \$5 to email documents (up to 10 MB email)

Mailing: \$5 plus postage

Additional costs if applicable:

Actual mailing costs; Actual cost of any media used to duplicate records that are not kept on paper (CD, DVD, Tape, Film, etc.); Actual cost of employee time to supervise the examination of a public record if such time exceeds 30 minutes; Actual cost of employee time to retrieve a public record if such time exceeds 30 minutes; Actual cost of employee or attorney time necessary to determine whether any confidential record that would otherwise be responsive to a request should be available for inspection and copying. (Resolution No. 031521D)

OFFICE USE ONLY

Response Date: _____

If request was denied, provide reason:

Records available: Yes / No

Copies Made: Yes / No

Amount of B&W copies: _____

Amount of color copies: _____

Fees Charged: _____

Method of Payment: _____

2800 Hollenbeck Road. Palo, Iowa 52324