

OPEN RECORDS REQUEST

PLEASE PRINT Requester Name: _____ Phone Number: _____ Email Address: Date of Request: _____ Time of Request: _____ **TYPE OF REQUEST** Review of records _____ Copies _____ Review & Copies: ____ INFORMATION YOUR DESIRE AND/OR LIST EACH REQUESTED DOCUMENT: PREFERRED METHOD OF DELIVERY: Mail: _____ In person: ____ Digitally: ____ If requesting delivery via mail or digitally provide address documents should be delivered



ACKNOWLEDGMENT

There are fees associated for copies or requests that require significant resources or staff time. Research and retrieval after the first half hour (30 minutes) will be charged at \$15.00 per hour.

The Town will provide an estimate of costs prior to incurring such costs as a pre-condition to processing your request. Half of all estimated costs will be collected as a deposit before any request is processed and all outstanding balances must be paid prior to release of any documents.

FEE SCHEDULE		
Copies (letter and legal)	\$1.00 first page	
	\$0.15 for each additional page	
Research and retrieval after first half hour	\$15.00 per hour	
Data storage device (CD, DVD, flash drive)	Actual Cost	
Shipping	Actual Cost	
Maps & Oversized documents	Varied	

,	derstand this estimate of costs and collection of
fees.	
Signature:	Date:



FOR STAFF USE ONLY

Item	Number	Fee	Total
Deposit			
Copies		\$1.00 first page	
		\$.025 each following page	
Research		\$15.00 per hour	
Flash Drive		\$5.00	
Shipping		Actual cost	
Maps & Oversized documents		Varied	
		TOTAL:	\$
		DEPOSIT:	\$
		BALANCE DUE:	\$

Reason(s) for denial of request:				
Date of response:	Time of Response:			
Fulfilled by:	Title:			