



OPEN RECORDS REQUEST

PLEASE PRINT

Requester Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Date of Request: _____ Time of Request: _____

TYPE OF REQUEST

Review of records _____ Copies _____ Review & Copies: _____ Information: _____

INFORMATION YOU DESIRE AND/OR LIST EACH REQUESTED DOCUMENT:

PREFERRED METHOD OF DELIVERY:

In person: _____ Mail: _____ Digitally: _____

If requesting delivery via mail or digitally provide address documents should be delivered to: _____



ACKNOWLEDGMENT

There are fees associated for copies or requests that require significant resources or staff time. Research and retrieval after the first hour (60 minutes) will be charged at \$41.37 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 (Black & white letter and legal)	\$0.25 per page
Copies(Color letter and legal)	\$1.00 per page
Research and retrieval after first hour	\$41.37 per hour
Data storage device (CD, DVD, flash drive)	\$10.00
Shipping	Actual Cost
Maps & Oversized documents	Varied

I hereby acknowledge I have read and understand this estimate of costs and collection fees.

Signature: _____

Date: _____





Name of Requestor: _____

FOR STAFF USE ONLY

Item	Number	Fee	Total
Deposit			
Copies (Black & white letter and legal)		\$0.25 per page	
Copies (Color letter and legal)		\$1.00 per page	
Research and retrieval after first hour		\$41.37 per hour	
Data storage device (CD, DVD, flash drive)		\$10.00	
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: _____