

## REQUEST FOR COPIES OF PUBLIC RECORDS

Access to public records shall be provided within three business days following a request -  
**except if additional time is needed**

**DATE OF REQUEST:** \_\_\_\_\_

**PERSON REQUESTING:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

DOCUMENT REQUESTED:	Length of Document	Number of Copies	Certified (Yes/No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
 Signature Date

\*\*\*\*\*

**(For Office Use Only)**

**CHARGES:**

Certification ( @ \$5.00 each) \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Research Time ( @\*\*) \_\_\_\_\_ Receipt Issued: \_\_\_\_\_ Yes \_\_\_\_\_ No

Cost of Copies ( @ \$.10 per page) \_\_\_\_\_ Date Mailed: \_\_\_\_\_

**TOTAL DUE: \$** \_\_\_\_\_

\_\_\_\_\_  
 Carla Johnson, City Clerk

*\*\*Amount equal to equivalent hourly rate of pay for time spent for each individual who performs a document search.*