

# CITY OF ROLFE

## PUBLIC RECORDS REQUEST FORM

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone/Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

In-Person Examination (Yes / No)    Copies (Yes / No)    #Sets \_\_\_\_\_

Mailed (Yes / No)    Pick-up (Yes / No)

Detail below which records you want: (Try to be as specific as possible to ensure that you receive what you are seeking. If more space is needed, please use the reverse side of this form.)

### **FEE SCHEDULE**

**Photocopy Charges**—Black & White 8.5" x 11" or 8.5" x 14"    \$0.40/page or side

**Labor/Supervision**—Current Labor Rate<sup>1</sup>/hour

**Postage Charges**—If the requester chooses to have the records mailed to them, postage will be charged at actual cost.

<b>Cost:</b>	Page Count: _____	X \$ 0.40	=	\$ _____
	Labor Hours / Labor Rate: _____	X \$ _____	=	\$ _____
	Estimated Mailing Cost:			\$ _____
		<b>Total Cost</b>		\$ _____

The anticipated response time will ordinarily be within 10 full business days, The City will make a reasonable effort to provide the records within 20 calendar days.

The City reserves the right to not release copies of requested public records until the requesting individual pays for the corresponding charges to complete said request.

<sup>1</sup>Supervisory Labor Rate as established by Resolution.