

REQUEST FOR COPIES OF PUBLIC RECORDS
City of Dallas Center, Iowa

TO: The Record Custodian
Dallas Center, Iowa

The undersigned, pursuant to the provisions of Chapter 22 of the Code of Iowa, requests photocopies of the following public records (**please be as detailed as possible; include names, dates, subjects, meeting dates, resolution and ordinance numbers, project names, key words, etc.**) within the control of the City of Dallas Center, and which are not otherwise required by the City of Dallas Center to be kept confidential:

The cost of the copies will be paid for in advance. The cost is 10 cents for each black and white copy and 20 cents for each color copy; 10 cents for each black and white copy transmitted by facsimile to a non-long distance telephone number. Documents emailed to a requestor, or downloaded to the requestor's USB storage device shall be provided without charge. However, additional charges will be assessed if staff time in fulfilling a request exceeds ten minutes.

Copies will be made by the Clerk or other city staff designated by the Clerk, who shall be afforded sufficient time to make and deliver the copies once documents have been identified and located. City staff should not be expected to abandon or neglect their regular public duties to comply with record requests and thus need sufficient time to make and deliver any requested information. If the requested information potentially contains confidential or privileged information or is otherwise exempt from disclosure, additional time may be required for review and possible redacting of the material. All requests will be processed in accordance with applicable procedures and rules. **If a deposit is required, no work will begin on the request until the deposit is received.**

Dated this _____ day of _____, 20____.

REQUEST RECEIVED BY:

City Personnel

(requestor's signature)

Printed Name: _____

Printed Address : _____

Telephone No. _____

Fax No.: _____

Email: _____

1. Request Received By:	<input type="checkbox"/> In Person/Verbal	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail
2. Requesting:	<input type="checkbox"/> Paper Copies <input type="checkbox"/> In-Person Examination <input type="checkbox"/> Other: _____			
3. Request Submitted on:	_____			
4. Date Request Reviewed:	_____			
5. Date City Attorney's Opinion Sought (if applicable):	_____			

Copy Charges (b/w):	_____ copies at \$0.10/page = \$ _____
Copy Charges (color):	_____ copies at \$0.20/page = \$ _____
Fax Charges	_____ copies at \$0.10/page = \$ _____
Documents Scanned to Email	_____ copies at \$0.00/page = \$ _____
Documents Downloaded to Flash Drive	_____ copies at \$0.00/page = \$ _____

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