



**DETAILS OF REQUEST  
For Office Use Only**

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): _____

**EXAMINATION AND COPY FEES  
For Office Use Only**

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 = \$ \_\_\_\_\_

**Staff Services for search and retrieval to fulfill request or supervise records examination [Employee's hourly rate in 10 minute increments If time involved exceeds 10 minutes]**

Name of Employee \_\_\_\_\_ /6th hours at \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Name of Employee \_\_\_\_\_ /6th hours at \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Legal Services of City Attorney (if necessary) actual cost = \$ \_\_\_\_\_

Other \_\_\_\_\_ actual cost = \$ \_\_\_\_\_

Postage Charge actual cost = \$ \_\_\_\_\_

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TOTAL OF ALL FEES \$ \_\_\_\_\_

Less deposit received (if any) \$ \_\_\_\_\_

Balance:  owed at pickup  to be refunded \$ \_\_\_\_\_

Deposit Received on \_\_\_\_\_ (date and time)

Amount of Deposit \$ \_\_\_\_\_ received by \_\_\_\_\_

Final Payment Received on \_\_\_\_\_ by \_\_\_\_\_