REQUEST FOR RECORD COPY

(To be completed by person making request)

CITY OF SKIATOOK

NAME:_____

ADDRESS:_____

CITY:_____ STATE:_____ZIP:_____

PHONE NUMBER (including area code): _____

SIGNATURE: _____

COPIES SOUGHT: Please provide as specific of a description as possible of the record(s) you desire.

RECORD TITLE/DATE	NUMBER OF COPIES
1. _____	_____
2. _____	_____

If you allege that you are exempt from copy and/or search fees, state the reason for your request of the documents:

_____

CHARGES: State law authorizes fees for copies of public records. Charges are established by the City governing body and are set at a level to compensate for the actual costs incurred in honoring your request. A cost schedule is posted in this office.

FOR CITY OF SKIATOOK USE:

Requested:
Date___/___/___ Time: _____ AM / PM

Available:
Date___/___/___ Time: _____ AM / PM

Staff Time Involved:
_____ hours _____ minutes ($4 per ¼ hour over 15 minutes.) = $_____

Charge per page Copies:
8½" x 14" or smaller: $0.25 x _____ (number of pages) = $_____
8½" x 14" or smaller: $0.25 x _____ (number of pages) = $_____

Computer generated Copies/Repoarts:
8½" x 14" or smaller: $0.25 x _____ (number of pages) = $_____
_____ hours _____ minutes ($35 per hour computer time.) = $_____

TOTAL:

Amount Paid _____ Record Custodian: _____

Denied___ If Denied explain why?_____

_____