



FEES FOR OPEN RECORDS REQUESTS

Prepared For: _____ Date: _____

Copy Fees

Photocopies (9" x 14")	_____ x \$ _____ = \$ _____
Electronic Copy Fees	_____ = \$ _____
	Type of documentation
	_____ = \$ _____
	Type of documentation

Staff Service Fees

Duplicating Fees	_____ Hours x \$ _____ = \$ _____
Electronic Access Fees	_____ x \$ _____ = \$ _____

Research Fees

Title of Position	_____ Hours x \$ _____ = \$ _____
Title of Position	_____ x \$ _____ = \$ _____
Title of Position	_____ x \$ _____ = \$ _____

TOTAL OF ALL FEES \$ _____

Record retrieval will begin upon receipt of the payment listed above. If additional payment is needed to cover actual costs incurred by the City in processing your request, additional payment will be required before documents are provided. If the estimated fee exceeds the cost of providing the records, the difference will be refunded.

Record Custodian's Name _____

Department _____

E-mail Address _____

Phone Number _____