

REQUEST FOR PUBLIC RECORDS

Name: _____

Address: _____

Phone: _____

Please specifically list the public records you are requesting:

Signature

FEES FOR RECORDS

The following fees may be charged to recover the costs associated with providing public records based upon the actual costs to reproduce the public record: A fee of \$.10 per page for black/white copies, \$.20 per page for color copies. Enlarged/Oversized paper document charged at actual rate of vendor. Downloaded computer files to a disk, CD/DVD are \$2 per disc. Postage/mailing costs at actual rate and charge. No charge for documents emailed (unless a fee is incurred to convert the same)

Time & Date of Request: _____ Clerk's Initials: _____
