

CITY OF CRESCENT
DOCUMENT REQUEST FORM

INFORMATION REQUESTED BY (please print or type)

Name:

Address: _____ City: _____ State:

Telephone#: (daytime) _____ Date of Request:

I request to examine* copy ** the following records

***LABOR:** A charge based on the hourly rate of the person performing the task will be made if the time spent retrieving files, supervising the examination of records, and/or copying of records exceeds fifteen minutes.

****COPIES:** There will be a minimum service fee of \$10.00 for the first and/or any single copy. Subsequent pages will be billed at the rate of 25¢ per single-sided page.

DETERMINATION & DISPOSITION OF REQUEST

City Clerk

Approve Deny

Reason for denial or condition of appeal:

Date

Signature of City Clerk

City Attorney

Approve Deny

Reason for denial or condition of approval:

Date

City Attorney's Signature

Compliance Statement
(You may choose to complete this section after receiving the requested information)

I, _____, hereby state that my request for access to City records:

has been adequately complied with

has not been adequately complied with because

Signature

Date

SHAPE * MERGEFORMAT

INVOICE/STATEMENT

Name of Person Requesting Information:

Address: _____ City: _____ State:

Time spent _____ x \$ _____ per hour = \$

Number of copies _____
1 x \$10.00 =
x \$0.25 =

Total Balance Due - \$
(NET 30 DAYS)

MAKE CHECKS PAYABLE TO: CITY OF CRESCENT
CITY HALL
CRESCENT, IA 51526

**PLEASE RETURN A COPY OF THE INVOICE WITH REMITTANCE.
THANK YOU.**

Note: