

CITY OF UTE
OPEN RECORDS REQUEST FORM

1. REQUESTOR'S INFORMATION:

Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

2. REQUEST INFORMATION:

Please be as detailed as possible; include names, dates, subjects, meeting dates, resolution and ordinance numbers, project names, etc.

3. Is this request for:

_____ Inspection of Public Records _____ Copying of Public Records

4. If you are requesting copies of public records, please fill out the following:

How many copies of the requesting documents do you need?

_____ Color Copies _____ Single Sided

_____ Black & White Copies _____ Double Sided

5. How would you like to receive the copies?

_____ In Person _____ Email _____ Mail _____ Fax (Limit 10 pages)

Although the records that I am requesting may be deemed to be "public records" within the meaning of Chapter 22, Code of Iowa, I understand that my use of this information must comply with all local, state, and federal laws including but not limited to laws relating to privacy, harassment, discrimination, debt collection, libel, slander, and tort. Misuse of said information by me in violation of the law is exclusively my responsibility. The City of Ute denies any and all responsibility of how this information is used by me. If any third party makes a claim against the City of Ute for misuse of this information attributable to me, the City of Ute shall pursue all available legal remedies against me. I certify that I may be charged for costs related to the inspection/copying of public records, and the records will not be related to me without payment.

Signature of Requestor

Date of Request

FOR OFFICE USE ONLY

Details of Request

1. Date and Time Request Received: _____
2. Deposit Received: _____ (date) in the amount of \$ _____ by _____ (payment method) by employee _____. (Use fee worksheet to calculate deposit).
3. Date and Time Request Processed: _____

Notification of Records Ready

Requestor notified on _____ (date) by: _____ Phone _____ Email _____ In Person _____

Records are ready for pick up as of _____ (date)

Examination of original records scheduled for _____ (date/time)

Records mailed/faxed/mailed to requestor on _____ (date)

Fee Worksheet

Description	Quantity	Amount	Total
COPY CHARGES			
Black and White – Single Sided (8.5x11)		\$0.10/sheet	
Black and White – Single Sided (8.5x14)		\$0.15/sheet	
Black and White – Double Sided (8.5x11)		\$0.15/sheet	
Black and White – Double Sided (8.5x14)		\$0.20/sheet	
Color - Single Sided (8.5x11)		\$0.20/sheet	
Color - Single Sided (8.5x14)		\$0.30/page	
Color - Double Sided (8.5x11)		\$0.30/page	
Color - Double Sided (8.5x14)		\$0.35/page	
Color – Photos on regular paper		\$0.35/page	
POSTAGE/TRANSMITTAL CHARGES			
Actual Cost	N/A	Actual Cost	
FAX Transmittal (limit 10 pages)		\$1.00/page	
LABOR CHARGES			
First 15 minutes	N/A	N/A	No Cost
Each Additional 15 Minute Interval		\$5.00	
Total of All Fees			
Less Deposit Received (if any)			
Balance ____ owed at pickup OR ____ to be refunded			

Final Payment: Amount _____ Payment Method _____ Date: _____

NOTES