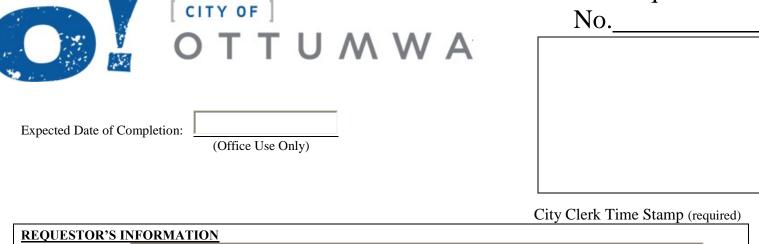
## City of Ottumwa Information Request Form



REQUESTOR'S INFORMATION		
Name:		
Address:		
Phone Number:	Fax Number:	
Email Address:		
REQUEST		

etc. A form requesting "any and all" information will not be considered detailed and may be asked to be revised.)

Note: If a deposit is required, no work will begin on the request until the deposit is received.

## PLEASE ALLOW REASONABLE TIME FOR A REPLY (Not to exceed 20 working days)

Although the attached records are deemed to be 'public records' within the meaning of Chapter 22, Code of Iowa, you are hereby advised that your 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 you in violation of the law is exclusively your responsibility. The City of Ottumwa hereby denies any and all responsibility for how this information is used by you. If any third party makes a claim against the City of Ottumwa for misuse of this information attributable to you, the City of Ottumwa shall pursue all available legal remedies against you.

(For Office Use Only)

<u>Details of Request</u>								
1. 2. 3.	Form of Request: Requesting: Request Submitted on	 	Email Copies	Fax In-Pers	Mail on Examination		In Person / Verbal	

Notification of Release of Records								
Records are ready for pick-up at C	ity Hall during posted hours as of	(date)						
Records are ready for pick-up at C		(date and time)						
Examination of original records scl		(date and time)						
Records mailed to requestor on	leading in City Hair for	(date)						
Requestor notified on	by:	phone message in person						
1104110101 110111100 011		phone conversation email						
N		other						
Notes:								
	<u>Fees</u>							
Const Change		/						
Copy Charges	pages x \$0.25	<b>.</b>						
Department Charges	<b>#1.00</b>	= 51						
Fax Charges	pages x \$1.00/							
Postage Charges		= \$1						
Labor/Research/Staff Time (The first 15 minutes of labor or supervisory services provided by the City staff in the search, preparation, retrieval, or supervision of examination of open records for each request will be free of charge. Services lasting longer than 15 minutes will be charged for each additional 15 minutes of services provided.)								
Initials of employee(s) performing th	e services:							
Hours	(¼ hour increments) x \$	Hourly rate = \$						
Other Expenses:		\$						
Deposit Received on:		L OF ALL FEES \$						
Deposit Receipt No.: Less deposit received -\$								
Final Descript No.	Balance	e Owed at Pickup \$						
Final Receipt No.:								
Documents were received and acknowledged on:  Acceptance and Receipt								
Date Requestor's Full	Name (Please Print)	Requestor's Signature						
City Staff Signature		Signature of Person other than Requestor (if pplicable)						