

# CITY OF TOWNSEND

## INSPECTION/DUPLICATION OF RECORDS REQUEST

**Requestor Instructions:** To make a request for copies of public records fill in sections 1-4. Sign and date the signature line.

1. Name of requestor: \_\_\_\_\_  
(Print or Type; Initials required for copy requests)

2. Form of identification provided:  
 Photo ID issued by governmental entity including requestor's address  
 Other: \_\_\_\_\_

3. Requestor's address and contact information:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

4. Record(s) requested to be inspected/copied:  
a. Previously inspected on \_\_\_\_\_ (date);  inspection waived  
b. Type of record:  Minutes  Annual Report  Annual Financial Statements  Budget  
 Employee File  Other  
c. Detailed Description of the record(s) including relevant date(s) and subject matter:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

5. Request submitted to: \_\_\_\_\_  
(Name of Governmental Entity, Office or Agency)
- a. Employee receiving request: \_\_\_\_\_  
(Print or Type and Initial)
- b. Date and time request received: \_\_\_\_\_
- c. Response:  Same Day  Other
6. Costs
- a. Number of pages to be copied: \_\_\_\_\_ Estimated
- b. Cost per page: \_\_\_\_\_
- (1) Per page letter or legal sized:  \$ \_\_\_\_\_ (justification required if more than \$0.15) per black and white  \$ \_\_\_\_\_ (justification required if more than \$0.50) per color;
- (2) Per page other sized or other medium \_\_\_\_\_:  \$ \_\_\_\_\_ (justification required)
- c. Estimate of labor costs to produce the copy (for time exceeding 5 hours): \_\_\_\_\_
- Labor at \$ \_\_\_\_\_/hour for \_\_\_\_\_ hour(s).
- Labor at \$ \_\_\_\_\_/hour for \_\_\_\_\_ hour(s).
- Labor at \$ \_\_\_\_\_/hour for \_\_\_\_\_ hour(s).
- d. Programming cost to extract information requested: \_\_\_\_\_
- e. Method of delivery and cost: \_\_\_\_\_  Estimated  On-site pick-up  U.S. Postal Service  Other: \_\_\_\_\_
- f. Estimate of total cost to produce request: \_\_\_\_\_
- g. Estimate of total cost provided to requestor:  in person  by U.S.P.S.  by phone  Other: \_\_\_\_\_
7. Form, Amount, Date of Payment:
- a. Form of payment:  Cash  Check  Other \_\_\_\_\_
- b. Amount of payment: \_\_\_\_\_
- c. Date of payment: \_\_\_\_\_
8. Date of Delivery: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee Receiving Request  
(Sign and date after request filled)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Records Custodian

\_\_\_\_\_  
Date