



CITY OF MARION
PUBLIC RECORDS REQUEST FORM

1. REQUESTER'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.

Four horizontal lines for providing request details.

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

Although the records 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 Marion denies any and all responsibility for how this information is used by me. If any third party makes a claim against the City of Marion for misuse of this information attributable to me, the City of Marion 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 released to me without payment.

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
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 \_\_\_\_\_ (employee.) (Use fee worksheet to calculate deposit.)
3. Date and Time Request Processed: \_\_\_\_\_

**Notification of Records Ready**

Requester 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 requester on \_\_\_\_\_ (date)

**Fee Worksheet**

Description	Quantity	Amount	Total
<b>COPY CHARGES</b>			
Black & White – Single Sided (8.5x11, 8.5x14)		\$0.10/page	
Black & White – Single Sided (11x17)		\$0.20/page	
Black & White – Double Sided (8.5x11, 8.5x14)		\$0.15/page	
Black & White – Double Sided (11x17)		\$0.30/page	
Color – Single Sided (8.5x11, 8.5x14)		\$0.15/page	
Color – Single Sided (11x17)		\$0.30/page	
Color – Two Sided (8.5x11, 8.5x14)		\$0.20/page	
Color – Double Sided (11x17)		\$0.40/page	
<b>POSTAGE CHARGES</b>			
Actual Cost	N/A	N/A	
<b>LABOR CHARGES</b>			
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			

Deposit reconciled/payment made on \_\_\_\_\_

**Notes**