	<b>Public Records Request Policy</b>	Revision #	1
		Implementation Date	01/23/2014
		Last Reviewed/Update Date	05/09/2019
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## **Public Records Request Policy**

### ***1. Purpose***

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The Public Records Request Policy defines the procedures and fees associated with handling public records requests made to the City of Marion, Iowa. It is the policy of the City of Marion, Iowa to respond in an orderly and expeditious manner in accordance with Iowa Code Chapter 22 to requests to inspect or receive copies of public records maintained by the City of Marion.

### ***2. Applicability***

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This policy applies to all City departments, except the Fire and Police Departments which have their own public records policies.

### ***3. Background***

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The City of Marion recognizes the right of the public to access public records maintained by the City in accordance with state law. The City also recognizes that certain records maintained by the City are not public records or may be exempt from public disclosure and that a request to access public records may require a balance of the right of the public to access the records, individual privacy rights, governmental interests, confidentiality issues, and privilege issues. Additionally, when the City responds to requests to inspect or copy records, costs are incurred by the City. This policy is adopted to balance these competing interests, to establish an orderly and consistent procedure for responding to public records requests and to support the adoption of a fee schedule designed to reimburse the City for the actual costs incurred in responding to public records requests.

### ***4. Designated Custodian***

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Iowa Code Section 22.1(2) requires government bodies to delegate an official or employee as its "lawful custodian" responsible for implementing the requirements of Iowa Code Chapter 22 and to provide that information to the public. The City's "lawful custodian" is the City Clerk or any employee delegated such responsibilities by the City Clerk.

### ***5. Public Records Requests***

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The following procedures shall be followed in responding to requests to inspect or receive copies of public records maintained by the City of Marion.

- A) Records requests may come in the form of a letter, email, fax or verbal request. In order to accurately and timely process a records request, the City needs to know the full extent of the request and how to contact the requester in case the Clerk has any questions or concerns. If possible, the requester


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should put his or her request in writing using the City of Marion's Public Records Request Form.

- B) Any request for public records maintained by the City of Marion, with the exception of police and fire records, must be referred to the City Clerk's office for review of the request, collection of the records, and completion of request.
- C) The fee to be charged for providing records in response to a public records request will be in accordance with the most current fee schedule adopted by the City Council.
  - 1) At the requester's preference the City may make the requested records available in hard copy or in electronic format. The requester may ask the City to supply copied records either by mail, electronic mail, fax or pickup at Marion City Hall.
  - 2) The City reserves the right to adjust the fee structure for extraordinary requests and provide a cost estimate to the requester prior to request completion.
- D) The person requesting public records can request the City to prepare an estimate of the charges that will be incurred to respond to the public records request. The City may also require an advance deposit of the estimated charges before copying any of the requested records or making the records available for inspection or copying. If the actual costs incurred by the City to respond to a records request are less than the amount of any required prepayment, the overpayment will be refunded promptly to the person or entity making the prepayment. If the actual costs incurred by the City to respond to the request are more than the amount of prepayment, the City shall charge the requester for all additional costs.
- E) Unless otherwise prohibited by law, the City may, at the City's discretion, furnish copies of requested records without charge or at a reduced fee if the City determines that the waiver or reduction of fees is in the public interest.
- F) The City shall provide a reasonable opportunity for the inspection, examination or copying of requested public records which are not exempt from disclosure. Unless otherwise approved in advance and in writing by the City Clerk's Office, any inspection, examination or copying of requested records shall be done at Marion City Hall during regular City business hours.
- G) The City reserves the right to not release copies of requested public records until the requester pays for the corresponding charges to complete said request.

## **6. Fee Schedule**

The following fees and costs may be charged pursuant to Iowa Code Chapter 22 for access and/or copies of public records maintained by the City of Marion.

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**Copy Charges-**

The following fees were approved by Resolution 20067 on 9/18/2008.

<b>Guidelines/Conditions</b>		<b>Fee</b>
Black & White	Single Sided – 8.5x11, 8.5x14	\$0.10/page
	Single Sided – 11x17	\$0.20/page
	Double Sided – 8.5x11, 8.5x14	\$0.15/page
	Double Sided – 11x17	\$0.30/page
Color	Single Sided – 8.5x11, 8.5x14	\$0.15/page
	Single Sided – 11x17	\$0.30/page
	Double Sided – 8.5x11, 8.5x14	\$0.20/page
	Double Sided – 11x17	\$0.40/page

**Postage Charges-**

If the requester chooses to have records mailed to them, postage will be charged at actual cost.

**Labor Charges-**

The City will provide 15 minutes of City staff time free of charge to respond to each requester. Requester's will be charged \$5.00 for each additional 15 minutes of service.


**Legal Charges-**

Some requests may need to be reviewed by the City Attorney. In such circumstances, the requestor will be billed for the time spent by the City Attorney at the attorney's hourly rate as determined by the attorney's current contract with the City of Marion.

**7. Estimated Response Time**

The anticipated response times below are approximations:

<b>Number of Pages Requested</b>	<b>Anticipated Response Time</b>
1-10	3 full business days
11-100	4 full business days
101-500	7 full business days
501-1000	10 full business days
1000+	20 full business days
Each additional 1000 pages	10 full business days per additional 1000 pages

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### ***8. Disclaimer***

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Although records provided to a requester may be deemed “open” or “public” records within the meaning of Iowa Code Chapter 22, the City recommends that requesters’ use of any information provided by the City comply with all local, state, and federal laws, including but not limited to laws related to privacy, harassment, discrimination, debt collection, libel, slander and tort.

### ***9. Questions***

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Any questions concerning the City’s Public Records Request Policy or related procedures or fees should be directed to the records custodian:

City Clerk  
 City of Marion  
 1225 6<sup>th</sup> Avenue, Suite 170  
 Marion, IA 52302  
 319-743-6350



# 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**