



230 W. Hickman Rd.
Waukee, IA 50263
(515) 987-4522
(515) 987-1845 FAX

REQUEST FOR EXAMINATION AND COPYING OF PUBLIC RECORDS

FEE SCHEDULE as adopted by the Waukee City Council with Resolution #12-187

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|--|---|
| a) photocopies | \$0.25 per page (black and white);
\$0.50 per page (color) |
| b) electronic media* | \$5.00 per CD (data files)
\$5.00 per DVD (audio/video)
\$10.00 per USB drive
\$10.00 per GIS file |
| | *All open records requests that are responded to by electronic media shall be done so that the document may not be altered. |
| c) routinely prepared or bound reports | Actual cost(s) to produce |
| d) hourly rate for clerical time needed for the reproduction of photocopies | Actual cost(s) of employee time if time involved exceeds fifteen (15) minutes |
| e) hourly rate for professional staff time needed to produce or review documents | Actual cost(s) of employee time if time involved exceeds fifteen (15) minutes |

The information below, along with the signature line, is not required to be completed; however, the City may be unable to promptly respond and/or get clarification regarding this request without contact information.

Date of Request: _____

Name of Requester (optional): _____

Address: _____ Mailing Address: _____

City, State, ZIP: _____ City, State, ZIP: _____

Home Phone: _____ E-mail Address: _____

Work Phone: _____

Cell Phone: _____

Title/Description of Records Requested:

- Preferred Format for Receipt of Records:
- Photocopy
 - Electronic Media (specify format):
 - CD
 - DVD
 - USB
 - GIS file
 - Other: _____

(continued on next page)

The requesting party shall receive the desired photocopies when the associated fees are paid. No copies shall be released until payment is received by the custodian. In addition, it should be noted that although the records requested may be "public records" within the meaning of Chapter 22, Code of Iowa, improper use of this information may violate other local, state and federal laws including but not limited to regulations relating to privacy, harassment, discrimination, debt collection, and/or defamation. Misuse by the requester of any "public records" the City is required by law to provide shall create no liability for the City or any of its officials or employees.

The requesting party has the right to inspect and copy public records pursuant to Chapter 22, Code of Iowa; however, the requesting party is reminded that the public records requested may contain copyrighted material that may carry with it separate legal protections under Federal Law. The requesting party is advised to consult a legal professional before copying copyrighted material.

Signature of Requester (optional): _____

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**ESTIMATE OF COST (OPTIONAL)**

Estimated number of pages: \_\_\_\_\_ Estimated staff time to process request: \_\_\_\_\_  
Staff hourly rate: \_\_\_\_\_  
**TOTAL CHARGE: \$** \_\_\_\_\_

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REQUEST PROCESSING (FOR OFFICE USE ONLY)

Request Received by (name): _____ Date/time received: _____
Department: _____

Request Processed by (name): _____ Date/time completed: _____
Department: _____

Format for Receipt of Records: Photocopy
 Electronic Media (specify format):
 CD DVD USB
 GIS file Other: _____

Actual number of pages: _____ Actual staff time to process request: _____
Staff hourly rate: _____
TOTAL CHARGE: \$ _____

Date fee paid by requester: _____
Receipt number: _____

NOTES:

