



EXHIBIT A TO OPEN RECORDS POLICY

REQUEST FOR INSPECTION/COPYING OF RECORD

Date of request: _____ Time of request: _____ AM / PM

Applicant name: _____

Address: _____

Telephone contact number(s): _____

Email: _____

Description of document: _____

Purpose of request: Court Case Personal information Other (please specify):

Certified Copy?: Yes No

FOR CITY CLERK USE ONLY:

Responsible Department & Division: _____

Availability: Paper Copy Electronic Format

Location: In Storage Readily Available (on-site)

Cost Estimate:

of pages _____ @ \$.25 = \$ _____

of hours _____ @ hourly rate \$ _____ = \$ _____ Total Cost Estimate: \$ _____

Having received the foregoing cost estimate I choose to confirm my request for the records described and agree to pay the charges at the time the records are made available. If over \$50, I understand I must pay for the cost incurred to obtain the records per the policy in advance.

Yes No - Cancel request

Signature

Date