



# City of Clive, Iowa Record Request Form

## REQUESTOR'S INFORMATION (please print)

Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**REQUEST:** (Please be as detailed as possible; Include names, dates, subjects, meeting dates, resolution and ordinance numbers, project names, key words, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Iowa Code Chapter 22 gives every citizen the right to examine public records and to copy those records unless their access is expressly prohibited. The City of Clive staff should not be expected to abandon or neglect their regular public duties to comply with record requests and thus need sufficient time to make and deliver any requested information. If the requested material potentially contains confidential information or is otherwise exempt from disclosure, additional time may be required for review and possible redacting of the material. All requests will be processed in accordance with applicable procedures and rules. **Note: If a deposit is required, no work will begin on the request until the agreed upon deposit is received.**

\_\_\_\_\_  
*Signature and Printed Name of Requestor*

\_\_\_\_\_  
*Date of Request*

**Details of Request (for office use only)**

1. Request Received via:  Email  Fax  Mail  In Person / Verbal
2. Requesting:  Paper Copies  In-Person Examination  CD/DVD  Other \_\_\_\_\_
3. Request Submitted on: \_\_\_\_\_ (include date and time)
4. Department/Employee Receiving Request: \_\_\_\_\_
5. Date Request Reviewed: \_\_\_\_\_
6. Date City Attorney's Opinion Sought (if applicable): \_\_\_\_\_

**Examination & Copying of Public Records Fees (for office use only)**

Copy Charges: \_\_\_\_\_ **8.5x11 or 8x14 (black/white) \$0.25/ page =** \$ \_\_\_\_\_  
 \_\_\_\_\_ **8.5x11 or 8x14 (color) \$0.50 /page =** \$ \_\_\_\_\_  
 \_\_\_\_\_ **Larger format pages \$3.00/ page =** \$ \_\_\_\_\_

Fax Charges -- 10 page maximum: \_\_\_\_\_ **pages x \$0.50/page =** \$ \_\_\_\_\_

Documents scanned to Email: \_\_\_\_\_ **pages x \$0.10/page =** \$ \_\_\_\_\_

CD (data files) \$5.00 each \$ \_\_\_\_\_

DVD (audio Files) \$5.00 each \$ \_\_\_\_\_

USB Drive \$10.00 each \$ \_\_\_\_\_

GIS File \$10.00 each \$ \_\_\_\_\_

Postage Charges -- Certified Mail, Regular Mail: **actual cost =** \$ \_\_\_\_\_

Legal Services of City Attorney if necessary **actual cost =** \$ \_\_\_\_\_

Other (please specify): \_\_\_\_\_ **actual cost =** \$ \_\_\_\_\_

Staff Services for search and retrieval to fulfill request or supervise records examination **\$ Employee hourly rate in ¼ hour increments if time involved exceeds 15 minutes**  
 Name of Employee(s) performing these services: \_\_\_\_\_

\_\_\_\_\_ **hours (¼ hour increments) x \$ \_\_\_\_\_ employee hourly rate =** \$ \_\_\_\_\_

\_\_\_\_\_ **hours (¼ hour increments) x \$ \_\_\_\_\_ employee hourly rate =** \$ \_\_\_\_\_

**TOTAL OF ALL FEES** \$ \_\_\_\_\_

**less deposit received (if any)** \$ \_\_\_\_\_

**Balance:**  **owed at pickup**  **to be refunded** \$ \_\_\_\_\_

Deposit Received on: \_\_\_\_\_ (date and time)

Amount: \$ \_\_\_\_\_ by \_\_\_\_\_ (employee)

Final Payment Received on \_\_\_\_\_ by \_\_\_\_\_ (employee)