



OPEN RECORDS REQUEST FORM

The following form shall be used if you are requesting an inspection or photocopies of public records.

Public records may be requested, inspected and copies obtained during normal business hours of Monday through Friday, 8:00 A.M. to 4:30 P.M. In some cases, records may require retrieval and therefore may not be immediately available for inspection. Every effort will be made to respond to the open records request as soon as is practicable and without delay.

The cost of photocopying records shall be \$.01 per side of each page, which has been calculated to be the actual, necessary and direct cost of reproduction. In some cases, such response costs may go beyond simply copying a requested record. In these cases, the City of Eagle River may charge for any and all costs associated with complying with an open records request up to and including applicable shipping, mailing and hourly wages of employees. Per §19.35(3)(f) a prepayment of such costs associated with an open record request in excess of \$5.00 will be required prior to processing such open records request.

REQUESTOR'S INFORMATION (Please Print)

Name: _____

Group: _____

Address: _____

Phone: _____

Email: _____

Document(s) to be: Picked Up Mailed Reviewed

Documents and/or Date Range Requested (be as specific as possible):

Reason Requested: _____

Request date: _____ Signature: _____

Printed Name: _____

Acknowledgement that Requester inspected or received copy/copies of document(s) requested.

Signature

Date

Please allow at least ten (10) business days for information to be made available. Your request will be given priority and you will be notified as soon as the records requested are available for your inspection and review.

Any information given orally or in writing by City Officials may be subject to errors or omissions and shall not be a binding liability upon the City of Eagle.

Please Note: A request to access to a public record may not be refused because the person making the request is unwilling to be identified, or to state the purpose of the request (§19.31(1)(i)).

Remarks/Actions: _____

For Office Use Only:

Date Received _____ Received by: _____

Date Submitted to City Attorney: _____ Submitted by: _____

Access to Documents: Approved Denied Date Completed: _____

Total Fee: \$ _____ Cash Check # _____ Date: _____ Copy of Invoice/Receipt Attached

of Pages Copied: _____ Other items received: _____

Records Custodian: _____ Date: _____