



REQUEST FOR OPEN RECORD COPY

(To be completed by requestor)

NAME: _____ (Printed)

ADDRESS: _____ (Street)
 _____ (City, State)

SIGNATURE: _____

Copies Sought: Please provide as specific a description as possible of the record(s) you desire to copy. Include record titles and dates, as well as the names of city agencies or departments which produce or hold the record(s).

Record Title/Date	No. of Copies Desired
1. _____	_____
2. _____	_____

(To Be Completed by Records Custodian)

Charges: A charge for providing copies of public records is authorized by state law and has been established by the City of Stroud. These charges are set at a level to compensate the city for the actual costs incurred in honoring your request. The fee schedule established by the city is posted in this office.

Time of Request: Date _____ **Copy Provided:** Date _____
 Time ____:____ a.m./p.m. Time ____:____ a.m./p.m.

Staff Time Involved: _____ Hours _____ Minutes
 (@ \$15/per hour per employee. Minimum charge of \$3.75)

Total: \$ _____