

City of Des Moines, Iowa Records Request Form

(Exhibit A)

REQUESTOR'S INFORMATION (please print)

1. Name: _____
2. Company Name (if applicable): _____
3. Mailing Address: _____
4. Daytime Phone Number: _____
5. Alternate Phone Number: _____
6. Fax Number: _____
7. 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 Des Moines 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 a minimum of 50% of the estimated 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 on Which Department Director Reviewed Request: _____
6. Date on Which City Attorney's Opinion Sought (if applicable): _____ Attorney Name _____

(Exhibit B)

Fees (for office use only)

- Copy Charges: _____ B/W pages \$1.00 for the first page + \$0.25 for add'l pages = \$ _____
 _____ Color pages \$1.00 for the first page + \$0.34 for add'l pages = \$ _____
 oversized pages (to be determined case by case) = \$ _____

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

- Documents Scanned to Email: _____ pages x \$0.10/page = \$ _____

- Electronic Files Burned to CD, \$5 per CD \$ _____
- Postage Charges -- Certified Mail, Regular Mail: actual cost = \$ _____
- Other (please specify): _____ actual cost = \$ _____
- Other (please specify): _____ actual cost = \$ _____
- Staff Services: *(first 15 minutes free per request)* specify redacting time, search time, supervision of records examination, copying time, etc.

Name of Employee(s) Performing These Services: _____
 (Department Staff, IT Staff, Finance Department Staff, etc.)

_____ 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)

in the amount of \$ _____ by _____ (employee)

Final Payment Received on _____ by _____ (employee)

Dept. _____ **Revenue Code** _____ **Date Taken to Treasurer** _____