

# 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 \_\_\_\_\_