City of Council Bluffs
Investigative File Request Form

INFORMATION REQUESTED BY (please print or type)

Name: _____

Address: _____City:_____State:_____

Telephone #: (daytime) _____ Date of Request: _____

I request to ☐ examine* ☐ copy** the following records: _____

_____

_____

_____

_____

_____

*** LABOR**: A charge based on the hourly rate of the person performing the task will be made if the time spent retrieving files, supervising the examination of records, and/or copying of records exceeds fifteen minutes.
****COPIES**: There will be a minimum service fee of $10.00 for the first and/or any single copy. Subsequent pages will be billed at the rate of 25¢ per single-sided page.

DETERMINATION & DISPOSITION OF REQUEST

Department Office of Origination? ☐ Yes ☐ No

☐ Approve ☐ Deny

Reason for denial or condition of approval: _____

_____

_____

_____

_____ _____
Date Signature of Records Custodian

City Attorney Office of Origination? ☐ Yes ☐ No

☐ Approve ☐ Deny

Reason for denial or condition of approval: _____

_____

_____

_____ _____
Date City Attorney's Signature

ROUTING INFORMATION: _____

_____

Compliance Statement
(You may choose to complete this section after receiving the requested information.)

I, _____, hereby state that my request for access to City records:

☐ has been adequately complied with

☐ has not been adequately complied with because _____

_____

_____

_____

_____

_____ _____
Signature Date

INVOICE/STATEMENT

Name of Person Requesting Information:_____

Address: _____City: _____State:_____

Time spent _____ x $_____ per hour = $_____

Number of copies _____ 1 x $10.00 = _____

_____ x $0.25 = _____

Total Balance Due - $ _____
(NET 30 DAYS)

MAKE CHECKS PAYABLE TO : CITY OF COUNCIL BLUFFS
209 PEARL STREET
COUNCIL BLUFFS, IA 51503

PLEASE RETURN A COPY OF THE INVOICE WITH REMITTANCE.
THANK YOU.

Note: _____

_____

FOR OFFICE USE ONLY - REIMBURSEMENT CODE _____