



City of Council Bluffs Records Request Form

REQUESTOR'S INFORMATION (please print)

Name: _____

Company Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) ____-____ Alternative Phone: (____) ____-____

Email address: _____

INFORMATION REQUESTED (Please be as detailed as possible; include names, report and case numbers, dates, subjects, meeting dates, resolution, ordinance numbers, project names, etc.)

ACKNOWLEDGMENT

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 Council Bluffs staff should not be expected to abandon or neglect their regular public duties to comply with records requests and thus need sufficient time to make and deliver any requested information. If the requested material potentially contains confidential information or 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. Total amount of time is subject to change based on actual time. I have read and reviewed the "Fees" on page 2 and agree to pay any applicable fees.

Signature of Requestor

Printed name of Requestor

Date of Request

CUSTODIAN OF RECORDS AND CITY ATTORNEY APPROVAL:

Department

Approve Deny

Reason for denial or condition of approval: _____

Custodian's Signature: _____

Date: _____

City Attorney

Approve Deny

Reason for denial or condition of approval: _____

City Attorney's Signature: _____

Date: _____

FEES (for office use only)		
Copy Charges: _____	B/W pages \$10.00 for the first page + \$0.50 for add'l pages =	\$ _____
_____	color pages \$10.00 for the first page + \$0.75 for add'l pages =	\$ _____
_____	oversize pages (to be determined case by case) =	\$ _____
_____	Documents Scanned and sent via Email, pages x \$0.25/page =	\$ _____
	Electronic Files Burned to CD, \$10.00 per CD =	\$ _____
	Postage Charges actual cost =	\$ _____
Other (please specify): _____	_____ actual cost =	\$ _____
Other (please specify): _____	_____ actual cost =	\$ _____
Staff Services: (first 30 minutes free per request) specify redacting time, search time, supervision of records examination, copy time, etc. _____		
Name of Employee (s) Performing these services: _____ (Department Staff, IT Staff, Finance Department Staff, etc.)		
_____ hours	(1/4 hr increments, less 1/4 hr) x \$ _____ employee hourly rate =	\$ _____
_____ hours	(1/4 hr increments, less 1/4 hr) x \$ _____ employee hourly rate =	\$ _____

POLICE DEPARTMENT FEES, PER CHAPTER 2.08.040 – SCHEDULE OF FEES			
Qty: _____	Reports	\$10.00	\$ _____
Qty: _____	Supplemental Reports	\$0.50 per page	\$ _____
Qty: _____	DVD	\$30.00	\$ _____
Qty: _____	Records check	\$10.00	\$ _____

TOTAL BALANCE DUE - \$
(NET 30 DAYS)

MAKE CHECKS PAYABLE TO:

COUNCIL BLUFFS, IOWA 51503

PLEASE RETURN A COPY OF THIS PAGE WITH REMITTANCE

DEPT. _____ REVENUE/REIMBURSEMENT CODE _____

Details of Request (for office use only)
Request Received via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> In Person
Request Submitted on: _____ include date & time
Department/Employee Receiving Request: _____
Routing Information: _____