



City of Council Bluffs Records Request Form

REQUESTOR'S INFORMATION (please print)

Name: _____

Company Name (if applicable): _____

Mailing Address: _____

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 and Printed name of Requestor_____
Date of Request**CUSTODIAN OF RECORDS AND CITY ATTORNEY APPROVAL:**

Department

Approve _____ Deny _____

Reason for denial or condition of approval: _____

Date _____ Custodian's Signature _____

City Attorney

Approve _____ Deny _____

Reason for denial or condition of approval: _____

Date _____ City Attorney's Signature _____

FEEES (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 15 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

Reports \$10.00	Supplemental Reports \$0.50 per page
DVD \$30.00	Records check \$10.00

TOTAL BALANCE DUE - \$ _____
(NET 30 DUES)

MAKE CHECKS PAYABLE TO: CITY OF COUNCIL BLUFFS
209 PEARL STREET
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: ___ Email ___ Fax ___ Mail ___ In Person

Request Submitted on: _____ (include date and time)

Department/Employee Receiving Request: _____

Routing Information: _____
