

CITY OF MORNING SUN

PUBLIC RECORDS REQUEST FORM

Date: _____

Name: _____

Address: _____

Phone Number: _____

Records requested to be examined/copied (please be very specific): _____

Although the records you are requesting are deemed “public record” under Iowa Law, you are hereby advised that your use of this information must comply with local, state, and federal laws including, but not limited to laws relating to privacy, harassment, discrimination, debt collection, libel, slander, and tort. Misuse of said information by you in violation of any law is exclusively your responsibility. The City of Morning Sun hereby denies any and all responsibility of how this information is used by you. If any third party makes a claim against the City of Morning Sun for misuse of this information attributable to you, the City of Morning Sun shall pursue all available legal remedies against you. A new form must be filled out for each records request.

The undersigned acknowledges that he/she has read the above policy and understands and agrees to its terms.

Signature: _____ Date: _____

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Records Examination Supervision Fee: \$ _____ (\$18.00/hr.)(1 hr. minimum)

Records Retrieval Fee: \$ _____ (\$18.00/hr.)(1 hr minimum)

Copy Fees: \$ _____

(\$1.00 for 1st page/side - \$.25 for each additional page – 8 ½ x 11 – Additional Charge for Larger Size)

Postage & Handling Fees: \$ _____ (applicable rage for packaging & postage)

Date Paid: _____ Check # _____ Cash

Staff Initials: _____