

# REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

Requestor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Description of Record or Information Requested: (be as specific as possible) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us if you would like the record copies and sent to you by mail or email, whether you would like to pick it up, or whether you would simply like to examine it:

\_\_\_\_\_

Although the records I am requesting may be deemed to be "public records" within the meaning of Chapter 22, Code of Iowa, I understand that my use of this information must comply with all 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 me in violation of the law is exclusively my responsibility. The City of Grand Mound denies any and all responsibility for how this information is used by me. If any third party makes a claim against the City of Grand Mound for misuse of this information attributable to me, the City of Grand Mound shall pursue all available legal remedies against me. I certify that I may be charged for costs related to the inspection/copying of public records, and the records will not be released to me without payment.\*

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date of Request

You may expect a response to a request for non-confidential public information within ten (10) business days. Fees will be charged at \$0.25 per page copied, plus an hourly rate of \$25.00 per hour for time spent/research.

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**Office Use Only:**                      Date Received: \_\_\_\_\_

Response Date: \_\_\_\_\_                      Records Available? Yes/ No

Copies Made? Yes / No                      How Many? \_\_\_\_\_                      Hours Expended: \_\_\_\_\_

Total Fees Charged: \$ \_\_\_\_\_