

CLOUD COUNTY

REQUEST FOR RECORD INSPECTION / COPY

NAME: _____ PHONE: _____

ADDRESS: _____

I, the undersigned, do not intent to, and will not use any list names or addresses contained in or derived from the records or information requested for the purpose of selling or offering for sale any property or service to the persons listed or to any person who resides at any address listed or for the purpose of solicitation of gifts or donations from any such person; neither will I sell, give or otherwise make available to any person any such list of names or addresses for any of the above purposes.

SIGNATURE: _____

RECORDS SOUGHT: Please provide as specific a description as possible of the record(s) you want to inspect/copy. Include record titles and dates, as well as the names of county offices or departments which produced or hold the record(s):

1. _____

2. _____

3. _____

CHARGES: A charge for providing access to public records is authorized by state law and has been established by the County Commission. These charges are set at a level to compensate the county for the actual costs incurred in honoring your request. The charge for access &/or copies of the record(s) you requested is estimated at \$_____.

PREPAYMENT FEE: The Record Custodian may require prepayment of the fees established by this resolution whenever he or she believes this to be in the best interest of the county. Prepayment shall be an estimate of the inspection and/or copying charges accrued in providing the record request. Any overage or underage in the prepayment shall be settled prior to inspection of the requested copies or delivery of the requested copies. Prepayment of inspection/copying fees shall be required whenever, in the best interest of the record custodian, such fees are estimated to exceed \$50. When prepayment is required, no records shall be made available to the requestor until prepayment has been made.

-----To be filled out by Records Custodian-----

REQUESTED DATE: _____ TIME: _____ AM/PM

PROVIDED DATE: _____ TIME: _____ AM/PM

STAFF TIME CHARGE: _____

COPY CHARGES: _____

RECORDS CUSTODIAN

RECIPT #

DATE