



City of Ottumwa
Information Request Form
No. _____

Expected Date of Completion:
(Office Use Only)

City Clerk Time Stamp (required)

REQUESTOR'S INFORMATION

Name:
Address:
Phone Number: Fax Number:
Email Address:

REQUEST

(Please be as detailed as possible; include names, dates, subjects, meeting dates, resolution and ordinance numbers, project names, etc. A form requesting "any and all" information will not be considered detailed and may be asked to be revised.)

Note: If a deposit is required, no work will begin on the request until the deposit is received.

**PLEASE ALLOW REASONABLE TIME FOR A REPLY
(Not to exceed 20 working days)**

Although the attached records are deemed to be 'public records' within the meaning of Chapter 22, Code of Iowa, you are hereby advised that your 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 you in violation of the law is exclusively your responsibility. The City of Ottumwa hereby denies any and all responsibility for how this information is used by you. If any third party makes a claim against the City of Ottumwa for misuse of this information attributable to you, the City of Ottumwa shall pursue all available legal remedies against you.

Signature of Acknowledgement

Date

(For Office Use Only)

Details of Request

1. Form of Request: Email Fax Mail In Person / Verbal
2. Requesting: Copies In-Person Examination
3. Request Submitted on:

Notification of Release of Records

- Records are ready for pick-up at City Hall during posted hours as of _____ (date)
 - Records are ready for pick-up by appointment on _____ (date and time)
 - Examination of original records scheduled at City Hall for _____ (date and time)
 - Records mailed to requestor on _____ (date)
- Requestor notified on _____ by: phone message in person
 phone conversation email
 other _____

Notes:

Fees

- Copy Charges _____ pages x \$0.25/page = \$ _____
- Department Charges _____ = \$ _____
- Fax Charges _____ pages x \$1.00/page = \$ _____
- Postage Charges _____ = \$ _____

Labor/Research/Staff Time
 (The first 15 minutes of labor or supervisory services provided by the City staff in the search, preparation, retrieval, or supervision of examination of open records for each request will be free of charge. Services lasting longer than 15 minutes will be charged for each additional 15 minutes of services provided.)

Initials of employee(s) performing the services: _____ _____ _____

_____ Hours (¼ hour increments) x \$ _____ Hourly rate = \$ _____

Other Expenses: \$ _____

Deposit Received on:		TOTAL OF ALL FEES	\$ _____
Deposit Receipt No.:		Less deposit received	-\$ _____
Final Receipt No.:		Balance Owed at Pickup	\$ _____

Acceptance and Receipt

Documents were received and acknowledged on:

Date	Requestor's Full Name (Please Print)	Requestor's Signature
City Staff Signature		Signature of Person other than Requestor (if applicable)