

Appendix A

REQUEST FOR INSPECTION AND COPYING OF PUBLIC RECORDS

Date of Public Record Request: _____

Requester's Name: _____

Address: _____ City, State and Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Email (optional): _____

Title of Requested Record: _____

Please describe below the record(s) you are requesting. Any additional information will help us locate them as quickly as possible:

Is this request for (please circle one) Inspection or Copying of public records?

If you are requesting copies of public records please fill out the following:

of copies/scans _____ Type of copy (please circle one): B&W or Color
Paper size (please circle one): Letter Legal 11x17 Other _____

How would you like the copies of public records delivered: _____

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 Oskaloosa denies any and all responsibility for how this information is used by me. If any third party makes a claim against the City of Oskaloosa for misuse of this information attributable to me, the City of Oskaloosa 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 Requester: _____

Legal deadline to complete request, maximum of ten (10) business days: _____

City Clerk Signature (indicating request completion): _____ Date: _____

FOR CITY STAFF USE ONLY

Fee Schedule:

Number of copies:

Number of pages:

Staff time:

Per page charge:

Total Charge: \$

Created: 03/10

Notes: