

REQUEST FOR PUBLIC DOCUMENTS

The undersigned has requested copies of City of Trussville documents as follows:

Name: _____

Company/Firm: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Documents Requested: _____

Purpose: _____

I understand that original copies may not be removed from the building. I understand that a retrieval fee of \$10.00 is due at the time a request for public records is made and that an additional \$10.00 fee is due at the time a request is made if I wish to have the records certified by the custodian of records. I understand that a reproduction fee of twenty-five cents (\$.25) per page will be charged should copies be requested. I further understand that should retrieval of requested documents require more than one hour, time thereafter spent copying, researching or preparing documents for review, will be at a rate of fifteen dollars (\$15.00) per hour or portion thereof in addition to the per copy fee both of which shall be due at the time the records are inspected or produced.

Signature: _____

Date: _____

Released By: _____

Begin Time: _____ End Time: _____

Fees:

Retrieval Fee (Due at time of request) \$10.00
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_____ Certification Fee (\$10.00 if checked) \$ _____
_____ Pages @ \$.25 = \$ _____
_____ Hours @ \$15.00 = \$ _____
Total Due at time of production \$ _____