



CITY OF CHEYENNE PUBLIC RECORDS REQUEST

TO: (CITY OFFICE) _____

I _____ request the following:

Print Name

_____ Photocopies of the following specific public records (list documents by title):

_____ Email of the following specific public records (list documents by title):

_____ A researched list of documents pertaining to the following issue/project/topic:

_____ Duplication of electronic recording(s) for the following meeting(s):

_____ Research on public meetings in which the following topics were discussed:

_____ Address of property inquiry _____

I agree to pay for the above requested services as listed on the reverse. I understand that I must make payment prior to receipt of documents for review or photocopies. I further understand that I will be notified when the material I have requested is ready, that I will have five (5) working days to review or pick up the material, and that if I do not pick up the material it will be mailed to me and I will be billed for the requested services plus postage and handling.

_____ Date

_____ Signature

Email _____

Phone # _____

Associated Fees are in accordance with City Resolution #5936 as follows:

Black & white copies \$1.00 1st page & \$0.25 each additional page.

Color copies \$1.00 per page or cost to contract out. Fax transmission \$1.00 per page.

Police reports-per department policy.

The following fees are assessed by actual cost: Photographs, use of outside vendor for copying, special instances, i.e., film, electronic media-thumb drive etc., and postage/shipping.

Research or compilation services-actual staff time cost if above \$150.00

(For Use by City Staff Only)

DISPOSITION OF REQUEST:

Granted _____ Partially Granted _____ Denied _____

If any part of this request is denied, explain: _____

Costs Assessed? Yes _____ No _____

Photocopies: \$ _____ Electronic (CD/DVD) Duplication: \$ _____

Staff time to research and handle if applicable: \$ _____

Postage: \$ _____ Other \$ _____

Total Payment Due: \$ _____

Date Provided: _____ or Date Mailed: _____

Date Paid: _____

Signature of Staff _____

Effective July 1, 2019