

# City of Princeton, Iowa Records Request Form

Name \_\_\_\_\_ (Full Legal Name)

Address \_\_\_\_\_

Description of Records Requested: \_\_\_\_\_

\_\_\_\_\_

### REQUEST

- |                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Request made in writing.<br><input type="checkbox"/> Email<br><input type="checkbox"/> Facsimile<br><input type="checkbox"/> Postal mail<br><input type="checkbox"/> In-person | <input type="checkbox"/> Requesting<br><input type="checkbox"/> Copies<br><input type="checkbox"/> View originals | <input type="checkbox"/> Request made verbally<br><input type="checkbox"/> Phone message<br><input type="checkbox"/> Direct phone conversation<br><input type="checkbox"/> In-person |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Submitted on: \_\_\_\_\_ (Date and Time)

Request processed on: \_\_\_\_\_ (Date and Time)

Estimate of fees, if applicable: \$ \_\_\_\_\_ Advance deposit retained, if applicable: \$ \_\_\_\_\_

10 Business Days from Request: \_\_\_\_\_ (Date and Time)

Note: A reasonable delay is permissible to determine if the record is a confidential record, but the delay shall not exceed twenty calendar days and ordinarily should not exceed ten business days.

20 Calendar Days for Submission: \_\_\_\_\_ (Date and Time)

### NOTIFICATION

Notified that documents are ready for (select one)  pick-up at City Hall during posted hours,  pick-up at City Hall by appointment (date and time as listed below)  examination of the original at City Hall during posted hours,  examination of the original at City Hall by appointment (date and time as listed below), or  documents will be mailed to the individual via certified mail at the individual's expense.

1. \_\_\_\_\_ (Date) and \_\_\_\_\_ (Time)

In-person  phone message  direct phone conversation  email (check all that apply)

2. \_\_\_\_\_ (Date) and \_\_\_\_\_ (Time)

In-person  phone message  direct phone conversation  email (check all that apply)

Notes or Special Requests:

A copy of the Fee Schedule, which outlines the fees applicable to public records requests, is available free of charge. Please note original documents will be made available for review under the supervision of the City Clerk with the exception of documents that contain confidential information as provided by both federal and state law including but not limited to Iowa Code Section 22.7, HIPAA and the National Security Act.

### FEES

#### Paper Documents and Audio Files

Photocopies: \_\_\_\_\_ pages, fee \$ \_\_\_\_\_ (\$0.20/page)

Facsimile \_\_\_\_\_ pages, fee \$ \_\_\_\_\_ (\$1.00/first page, \$0.50 balance of pages)

Postage (certified mail) : fee \$ \_\_\_\_\_ (actual cost)

Audio files: \_\_\_\_\_ meeting, fee \$ \_\_\_\_\_ (\$10.00 per meeting)

Other Expenses Incurred: \_\_\_\_\_ (description), fee \$ \_\_\_\_\_

**TOTAL FEE:** \$ \_\_\_\_\_, Paid On

### ACCEPTANCE & RECEIPT

Documents were received and acknowledged on:

\_\_\_\_\_  
Date Recipient's Full Name – Please Print

\_\_\_\_\_  
City Clerk's Signature Recipient's Signature