Request for Inspection/Copying of Records

Contact Person: ____________________________________________
Business Name: ____________________________________________
Phone Number: ____________________  Fax Number: ________________
Mailing Address: ____________________________________________
Email Address: ____________________________________________
Date of Request: ____________________  Time of Request: ________________

RECORDS BEING REQUESTED. Be as specific as possible, including whether you require signed copies, certified copies, exhibits or other attachments (attach additional sheets if necessary).

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Payment: The Town of Meeker accepts payments in the form of cash or checks made payable to the Town of Meeker.

FOR TOWN USE ONLY

Cost Estimate: _____ pages @ $0.25 = $ __________
Research Time _____ hrs. @ $20.00 hr. = __________
Other Fees: __________________________
Total Cost Estimate: $ __________  Payment Rec’d: $ __________  Initials: ______

Having received the foregoing cost estimate, I choose to confirm my request for the records described above. By my signature below, I agree to pay the charges at the time the records are made available. If the estimate is $50 or more, I understand payment must be made in full prior to retrieval.

_________________________________________  __________________________
Signature                          Date

By law, the Town of Meeker has three (3) business days to provide documents for in-office review or to supply copies of requested documents. Every effort will be made to produce documents before that time. Some records may require seven (7) business days to release if extenuating circumstances exist.

O:Open Records