

**CITY OF UNIVERSITY HEIGHTS
PUBLIC RECORDS REQUEST FORM**

1. REQUESTER'S INFORMATION:

Name: _____

Mailing Address: _____

Phone Number: _____

email Address: _____

2. REQUESTED INFORMATION:

Please be as detailed as possible; include names, dates, subjects, meeting dates, resolution and ordinance numbers, project names, etc.

3. Is this request for:

_____ Examination of Public Records

_____ Copies of Public Records

4. If you are requesting photocopies of public records please fill out the

following: How many copies of the records do you want? _____

_____ Color Copies

_____ Single-Sided

_____ Black and White Copies

_____ Double-Sided

5. How would you like to receive the copies:

_____ In Person

_____ Flash drive

_____ Mail

_____ email

_____ CD/DVD

The City will provide up to \$100.00 of City staff time for supervision or gathering records free of charge with respect to each Public Records request. **If the City estimates that the cost of responding to a request will exceed \$100.00, the person requesting records will be provided with an estimate of total costs, and the person must agree to pay the total costs above \$100.00 associated with responding to the request (whether less than, more than, or the same as the estimate) before records will be gathered or copies will be made. If the City estimates that the cost of responding to a request will exceed \$150.00, the person requesting records must pay the estimated costs above \$100.00 before records will be gathered or copies will be made. If actual costs are less than the estimate, any overpayment will be refunded; if actual costs are more than the estimate, the additional amount must be paid before the records or copies will be released.**

I certify that I understand I will be charged for the City's costs related to the examination/copying of public records, and the records will not be released to me without payment.

Signature of Requester

Date of Request