

**CITY OF UNIVERSITY HEIGHTS
PUBLIC RECORDS REQUEST – COST ESTIMATE**

Requester's Name: _____ Date Request Received _____

Records to be Copied Examined

Copies to be Picked Up Mailed

Location of Records (hardcopy files, database, etc.)	
Name of City Staff Fulfilling Request	
Responding City Staff's Hourly Wage/Rate	
Time Estimate for Gathering Records or Supervising Examination	
Cost Estimate for Staff Time (first \$100.00 in Staff Time free)	
Cost Estimate for Making Copies or Transferring Data onto Electronic Medium	
Mailing Cost	
<u>TOTAL COST</u>	

The City estimates it will take approximately _____ days to complete your request.

The City estimates it will cost \$____ to complete your request. If this estimate exceeds \$100.00, you must agree to pay the cost above \$100.00 before records will be gathered or copies will be made. If this cost exceeds \$150.00, you must pay the cost above \$150.00 before records will be gathered or copies will be made. All payments must be in the form of cash or check payable to "City of University Heights".

City Staff Preparing Estimate

Date

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