

CITY OF DES MOINES, IOWA RECORDS REQUEST FORM

REQUESTOR'S INFORMATION (please print if submitting by mail):

1. Name _____
2. Company Name (if applicable) _____
3. Mailing Address: _____
4. Daytime Phone Number: _____
5. Fax Number: _____
6. Email Address: _____

REQUEST (please be as detailed as possible; include names, dates, subjects, meeting dates, resolution ordinance numbers, project names, key words, etc.):

Iowa Code Chapter 22 gives every citizen the right to examine public records and to copy those records unless their access is expressly prohibited. The City of Des Moines staff should not be expected to abandon or neglect their regular public duties to comply with record requests and thus need sufficient time to fulfill any requests. If the requested material potentially contains confidential information or is otherwise exempt from disclosure, additional time may be required for review and possible redacting of the material. All requests will be processed in accordance with applicable procedures and rules.

NOTE: If a deposit is required, no work will begin on the request until a minimum of 50% of the estimated deposit is received.

Signature and Printed Name of Requestor

Date of Request

**CITY OF DES MOINES RECORDS REQUEST
SCHEDULE OF FEES**

(per City of Des Moines Administrative Policy 1.6)

Copies: **B/W pages \$1.00 for the first page + \$0.25 for each add'l page**
Color pages \$1.00 for the first page + \$0.34 for each add'l page
Oversize pages (to be determined case-by-case)

Faxing (10-page maximum): **\$0.50/page**

Document Scanning (to email): **\$0.10/page**

Files Burned to CD: **\$5.00 per CD**

Postage Charges: **Actual Cost**

Staff Services (first 15 minutes free per request) to include search time, redacting time, supervision of records examination, copying, scanning, etc.:

Hours (1/4-hour increments) x employee(s) hourly rate

***Other charges may apply and will be determined on a case-by-case basis.**