

A. REQUEST FOR PUBLIC INFORMATION

Requestor name: _____

Telephone number: _____

Address: _____

Description of information: _____

Are copies of the information also requested? _____ yes _____ no

Date/Time: _____

Requestor signature: _____

B. AVAILABILITY OF PUBLIC INFORMATION

Date/time request received: _____

Department: _____

The information requested is: (immediately available) (in use) (in storage)
(otherwise unavailable for immediate inspection) (not available in the requested format).

If not immediately available:

The information requested will be available _____
(date and time)

If not available in the requested format:

The available format is _____

and can be provided _____ (date and time) after the authorization to proceed is received.

To provide the information in the requested format, a contract or services will be required:

The contract or services are _____

The information can be provided in the requested format:

_____ (timeframe, i.e., days/weeks) after the authorization to proceed is received

(over)

C. CHARGES FOR PUBLIC INFORMATION

	<u>Number</u>		<u>Total</u>
Standard-size Paper Copies:	_____	@ \$.10/page	\$_____
Nonstandard-size Copies:			
-Diskette/CD	_____	@ \$1.00/ea.	\$_____
-VHS Video Cassette	_____	@ \$2.50/ea.	\$_____
-Audio Cassette	_____	@ \$1.00/ea.	\$_____
-Oversized Paper	_____	@ \$.50/ea.	\$_____
-Other (also see GSC rules)	_____	(actual cost)	\$_____
Personnel Charges:			
-Programming	_____	@ \$26.00/hr.	\$_____
-Other	_____	@ \$15.00/hr.	\$_____
Overhead Charges: (20% of Personnel)	_____	x .20	\$_____
Remote Retrieval Charges:			
\$11.00 per delivery/return plus	_____	@ \$2.00/box	\$_____
Computer Resource Charges:			
-Mainframe	_____	@ \$10.00/min.	\$_____
-Midsized	_____	@ \$1.50/min.	\$_____
-Client/Server	_____	@ \$2.20/min.	\$_____
-PC or LAN	_____	@ \$1.00/min.	\$_____
Postage/Shipping Charges:	_____	(actual cost)	\$_____
FAX Charges:			
-Local	_____	@ \$0.10/page	\$_____
-Long Distance	_____	@ \$0.15/page	\$_____
Other Charges: (also see GSC rules)			\$_____
TOTAL ESTIMATED CHARGES			\$_____

D. APPROVALS

Department Head signature: _____

City Attorney signature: _____

(Necessary only for non-routine requests for public information when Request for Legal Assistance has been previously submitted)

E. AUTHORIZATION TO PROCEED

The estimated charges and time required to provide the information in the requested format have been reviewed.
Please provide the information in the (requested format) (available format).

Date: _____

Requestor signature: _____

F. DEPOSIT AND/OR RECEIPT(S) FOR CHARGES PAID

(50% of estimated charges if over \$100)

Deposit Receipt # _____ x .50 - \$_____

Balance Receipt # _____ BALANCE DUE \$_____

Charge account # _____