

**TOWN OF CHUGWATER
PUBLIC RECORDS REQUEST**

Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Preferred Delivery Method: Mailed _____ Fax _____ Pick up at Town office: _____

Reasonably identify the records you are requesting. If applicable please include specific dates, event name, department and time-frame requested.

I understand one or more of the records I request may not be a public record. If a record(s) I requested is not a public record, the Town of Chugwater or its designee will notify me why it is not a public record. I further understand that I may be charged a reasonable amount for reproduction of public record(s) reproduced for me based upon my above request, and I'm required to pay the charges prior to receiving any of the public records I requested. If the records request is estimated to be more than twenty-five (25) pages, the Clerk of the Town of Chugwater shall notify the person or entity making the request, and provide the Requestor an estimate of the costs and require the payment of reproduction costs prior to beginning the copying or reproduction. The Town has discretion to consolidate public records requests that it thinks have been drafted and submitted to evade the twenty-five (25) page threshold.

CHARGES

- Time will be billed at the lesser of actual costs or \$ 25.00 per hour.
- Photocopies \$ 1.00
- Fax Service: Transmit, per page, per side \$ 2.00
- Electronic Records (CD, DVD, USB storage device) \$ 10.00
- Actual postage charges

Date: _____

Signature of Requestor

Town of Chugwater Received by: _____

Date Received: _____