



[ CITY OF ]  
O T T U M W A

# City of Ottumwa Information Request Form

No. \_\_\_\_\_

Expected Date of Completion:   
(Office Use Only)

City Clerk Time Stamp (required)

**REQUESTOR'S INFORMATION**

Name: _____	
Address: _____	
Phone Number: _____	Fax Number: _____
Email Address: _____	

**REQUEST**

(Please be as detailed as possible; include names, dates, subjects, meeting dates, resolution and ordinance numbers, project names, etc. A form requesting "any and all" information will not be considered detailed and may be asked to be revised.)

*Note: If a deposit is required, no work will begin on the request until the deposit is received.*

**PLEASE ALLOW REASONABLE TIME FOR A REPLY  
(Not to exceed 20 working days)**

Although the attached records are deemed to be 'public records' within the meaning of Chapter 22, Code of Iowa, you are hereby advised that your use of this information must comply with all local, state, and federal laws including but not limited to laws relating to privacy, harassment, discrimination, debt collection, libel, slander, and tort. Misuse of said information by you in violation of the law is exclusively your responsibility. The City of Ottumwa hereby denies any and all responsibility for how this information is used by you. If any third party makes a claim against the City of Ottumwa for misuse of this information attributable to you, the City of Ottumwa shall pursue all available legal remedies against you.

\_\_\_\_\_  
Signature of Acknowledgement

\_\_\_\_\_  
Date

\*\*\*\*\*

**(For Office Use Only)**

**Details of Request**

1. Form of Request:	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail	<input type="checkbox"/> In Person / Verbal
2. Requesting:	<input type="checkbox"/> Copies	<input type="checkbox"/> In-Person Examination		
3. Request Submitted on:	<input type="text"/>			

**Notification of Release of Records**

- Records are ready for pick-up at City Hall during posted hours as of \_\_\_\_\_ (date)
  - Records are ready for pick-up by appointment on \_\_\_\_\_ (date and time)
  - Examination of original records scheduled at City Hall for \_\_\_\_\_ (date and time)
  - Records mailed to requestor on \_\_\_\_\_ (date)
- Requestor notified on \_\_\_\_\_ by:  phone message       in person  
 phone conversation       email  
 other \_\_\_\_\_

Notes:

**Fees**

- Copy Charges      \_\_\_\_\_ pages x \$0.25/page      =      \$ \_\_\_\_\_
- Department Charges      \_\_\_\_\_      =      \$ \_\_\_\_\_
- Fax Charges      \_\_\_\_\_ pages x \$1.00/page      =      \$ \_\_\_\_\_
- Postage Charges      \_\_\_\_\_      =      \$ \_\_\_\_\_

- Labor/Research/Staff Time  
(The first 15 minutes of labor or supervisory services provided by the City staff in the search, preparation, retrieval, or supervision of examination of open records for each request will be free of charge. Services lasting longer than 15 minutes will be charged for each additional 15 minutes of services provided.)

Initials of employee(s) performing the services:      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

\_\_\_\_\_ Hours (¼ hour increments) x \$ \_\_\_\_\_ Hourly rate = \$ \_\_\_\_\_

- Other Expenses:      \$ \_\_\_\_\_

Deposit Received on:	<input type="text"/>	<b>TOTAL OF ALL FEES</b>	\$ <input type="text"/>
Deposit Receipt No.:	<input type="text"/>	<b>Less deposit received</b>	-\$ <input type="text"/>
Final Receipt No.:	<input type="text"/>	<b>Balance Owed at Pickup</b>	\$ <input type="text"/>

**Acceptance and Receipt**

Documents were received and acknowledged on:

Date	Requestor's Full Name (Please Print)	Requestor's Signature
City Staff Signature		Signature of Person other than Requestor (if applicable)