

City of Dillingham

PUBLIC RECORDS REQUEST

		Dierk • PO Box 8 2 • 907-8432-521			
Requester's Name:					
Organization or Comp	any:				
Mailing Address:					
Phone/Cell Number:_	E-Mail:				
Request Made:	In Person	In Writing	Fax	Email	
Preferred Delivery:	Pick Up	U.S. Mail	Fax	Email	On-Site Inspection
Please describe in despecific as possible. I request to inspect or	Where applicab	ole, specify a date	e range for th	ne requested re	_

ACKNOWLEDGMENT OF PAYMENT. I understand I will be charged a fee for each page that I am requesting to be copied, faxed, emailed or mailed and that if it is determined that my request will require more than five hours of staff time to prepare in a calendar month, I will pay, upon notification, personnel costs, in excess of five hours per month per requestor, required to complete the search and copying tasks. I understand the personnel costs may not exceed the actual salary and benefit costs for the personnel time required to perform the search and copying tasks. I further understand that the City must respond to the request within 10-business days after receiving my request, except that the City may take an extension of an additional 10-business days if needed. I further understand that this request is available for public review and will be kept on file in accordance with City records policy. I shall pay the fee in full before the records are provided.

Note: If the custodian of the requested records estimates that the total fee for the record request will exceed \$50, the City may require that the estimated fee be paid before the City will honor the request. The requestor agrees to pay any actual fees in excess of the estimate. By submitting this request, I agree to pay all fees required by DMC 2.01.090 unless I specify a specific limit on this form below. No refund or reduction will be given for any fees actually incurred. A fee waiver must be requested in advance if sought. City of Dillingham record fees are currently request the City stop processing my request when the fees incurred equal \$. I understand the costs for records requests is as follows: Copy fee: \$.25 per page Personnel costs: \$35 per hour est. (after five hours per requestor per month) Mailing fee: Actual postage cost Audio Recording: \$10 per meeting CERTIFICATE OF NON-LITIGATION AFFILIATION. I hereby certify that: I am not acting on behalf of or otherwise representing any person who is involved in litigation with the City of Dillingham or another public agency to which the requested record is relevant. I certify under penalty of perjury, that the foregoing statements are true. Printed Name Signature Date For City Use Only Date Received By _____ Forwarded to _____ Date ____ Fee Estimate: Fee Prepaid: Actual Fee: