

Request for Public Information

Name (opt.) _____ Date _____

Address (opt.) _____

Telephone (opt.) _____

Files/Information Requested

Copies Received

_____ copies @ \$0.25/copy \$ _____

_____ copies @ \$ _____ /copy \$ _____

_____ diskettes @ _____ ea. \$ _____

_____ CDs @ _____ each \$ _____

_____ certifications @ \$5 ea. \$ _____

_____ hours @ \$20.00/hour \$ _____

Off-site copy cost \$ _____

Total \$ _____ (Cash _____ Check No. _____ Rec'd by _____)

Signature (opt.)

Print Name (opt.)

Date