



## Town of Shoshoni Public Records Request

---

I, \_\_\_\_\_ Request the following:

- Photocopies of the following specific documents (list documents by title):  
\_\_\_\_\_
- E-Mail of the following specific documents (list documents by title):  
\_\_\_\_\_
- A researched list of documents pertaining to the following issue/project/topic (list by date):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Duplication of electronic recording(s) for the following meeting(s):  
\_\_\_\_\_

I agree to pay for the above request services as listed on the reverse. I understand that I must make payment prior to receipt of documents for review or photocopies. I further understand that I will be notified when the material I have request is ready, that I will have (5) working days to review or pick up the material, and that if I do not pick up the material it will be mailed, and I will be billed for the request services plus postage and handling.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Phone

**Associated fees are in accordance with Resolution # 24-004 Fees as follows:**

Letter, one-sided	\$0.15 per sheet/\$0.35 color
Letter, two-sided	\$0.20 per sheet/\$0.40 color
Legal, One-sided	\$0.20 per sheet/\$0.40 color
Legal, Two-Sided	\$0.25 per sheet/\$0.45 color
11x17, one sided	\$0.25 per sheet/\$0.45 color
11x17, Two-sided	\$0.30 per sheet/\$0.50 color
Fax	\$1.50 First page/\$0.25 for each additional page
Returned Check Fee	\$30.00 for each denial of funds
Thumb Drive	\$5.00

Notary	Free for residents, \$5.00 for non-resident
Public Records	Website-Free
	Within 3 years- \$100.00 Per hour
	<u>Older than 3 years- \$200.00</u>

**(For Clerk Use Only)**

DISPOSITION OF REQUEST:

Granted: \_\_\_\_\_ Partially Granted: \_\_\_\_\_ Denied: \_\_\_\_\_

If any part of this request is denied, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Cost assessed:**

Photocopies: \_\_\_\_\_

Thumb Drive: \_\_\_\_\_

Research: \_\_\_\_\_

Other: \_\_\_\_\_

**Total:** \_\_\_\_\_

Date Completed: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Signature of Staff: \_\_\_\_\_