

**CITY OF GARDEN PLAIN  
PUBLIC RECORDS REQUEST FORM**

*City Office Hours: 8:00 a.m. to 3:00 p.m., Monday through Friday*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY TIME PHONE: (\_\_\_\_\_) \_\_\_\_\_

Please state in detail the public record you are requesting, including information such as the type of record requested, dates, etc., if possible: (Please note: generalized or non-specific requests may result in delay, additional cost to you [see below], and/or an inability to fill your request.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE**

- No hourly fee shall be charged for record searches accomplished in less than 15 minutes. If the record search results in time spent searching in excess of 15 minutes, a record inspection fee shall be charged at the hourly rate currently in effect for the city clerk position for the time said employee is conducting said search; presently \$ 14.04.
- A fee of \$ .25 per page shall be charged for photocopying public records.
- Payment for requested records must be made at the time that said records are picked up, including any outstanding balances.
- Proof of identification may be required.

**By signing this request, I acknowledge that I have read and understand the above notice of costs for accessing and copying open public records.**

Re: Resolution No. 30 and Resolution No. 66.

\_\_\_\_\_  
**(Signature of person requesting public records)**

\_\_\_\_\_  
**Date**