

CITY OF HARDIN- PUBLIC INFORMATIONS REQUEST FORM

Rights of Requestor

You have the right to:

- Prompt access to information that is not confidential or otherwise protected;
- Received treatment equal to all requestors, including accommodation in accordance with the Americans with Disabilities Act (ADA) requirements;
- Receive certain kinds of information without exceptions; like the voting of public officials, and other information;
- Receive a written statement of estimated charges, when charges will exceed \$40, in advance of work being started and opportunity to modify the request in response to the itemized statement;
- Choose whether to inspect the requested information (most often at no charge), receive copies of the information or both;
- A waiver or reduction of charges if the governmental body determines that access to the information primarily benefits the general public;
- Receive a copy of the communication from the governmental body asking the Office of the Attorney General for a ruling on where the information can be withheld under one of the accepted exceptions, or if the communication discloses the requested information, a redacted copy;
- Lodge a written complaint about overcharges for public information with the office of the Attorney General. Complaints of other possible violations may be filed with the county or district attorney of the county where the governmental body, other than a state agency, is located. If the complaint is against the county or district attorney, the complaint must be filed with the office of the Attorney General.

Procedures to Obtain Information:

- ✓ Submit a request by mail, fax, e-mail or in person according to a governmental body's reasonable procedures.
- ✓ Include enough description and detail about the information requested to enable the governmental body to accurately identify and locate the information requested.
- ✓ Cooperate with the governmental body's reasonable efforts to clarify the type o amount of information requested.

Cost of Records:

Standard paper copy	\$0.10 per page
Nonstandard copy:	
A. Diskette	\$1.00 each
B. Magnetic Tape	Actual cost
C. Data Cartridge	Actual cost
D. Tape Cartridge	Actual cost
E. Rewritable CD	\$1.00 each
F. Non-rewritable CD	\$1.00 each
G. Digital Video Disc	\$1.00 each
H. JAZ Drive	Actual cost
I. Other Electronic media	Actual cost
J. VHS videocassette	\$2.50 each
K. Audio cassette	\$1.00 each
L. Oversize paper copy (e.g. 11"x 17," green bar, blue bar, not including maps and photographs using specialty paper)	\$0.50 per page
M. Specialty paper (e.g.: Mylar, blueprint, blue line, map, photographic) ---	Actual Cost
Programming Labor Charge	\$28.50 per hour
Labor Charge for locating, compiling, And reproducing public information.	\$15.00 per hour

(A labor charge shall not be billed with requests that are for 50 or fewer pages of paper records, unless records are in separate building)

Requestors Name: _____

Address: _____

City, State, Zip Code: _____

E-mail: _____

Public Information Records Requested

(Note: Minutes are not official unless passed and approved by governing body of the City of Hardin)

Detailed Description of Records:

Number of Copies Requested: _____

Date Requested For: _____

Information to be released:

- You may review it promptly, and if it cannot be produced within 10 days, the public information officer will notify you in writing of the reasonable date and time when it will be available.
- Keep all appointments to inspect records and to pick up copies. Failure to keep appointments may result in losing the opportunity to inspect the information at the time requested.
- Information that may be withheld due to an exception of the referral by the Office of the Attorney General; your request will be referred within 10 business days. The Office of the Attorney General must issue a decision no later than the 45th working day form the day after the attorney general received the request for a decision.
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Requestors Signature: _____

Date of Request: _____

Public Information Record-keepers Authority

Signature: _____

Name: _____

Title: _____

Date Received: _____