City of Worthington Records Request

Name (written):	
Phone:	
Mailing Address:	
Information Requested (please be as detailed as possible; include names, dadates, resolution and ordinance numbers, project names, etc.):	ates, subjects, meeting
Note: If a deposit is required, no work will begin on the request until the d	eposit is received
I acknowledge the following:	
The City of Worthington staff should not be expected to abandon or neglectured duties to comply with copy requests and thus need sufficient time to make a requested copies. If the requested material potentially contains confidential otherwise exempt from disclosure, additional time may be required for revired acting of the material. All requests will be processed in accordance with procedures and rules.	and deliver any l information or is ew and possible
I understand there is a research fee for any open records information reques 10- minutes will be billed in 15-minute increments at the City Clerks normabills from third parties in connection with the fulfillment of any records requester in addition to copy/printed pages which are bill at $.25\phi$ /page (constitutes a separate page), color printed pages which are billed at $.50\phi$ /pa which are billed at $.75\phi$ /page, and any incurred postage charges.	al hourly wage. Any quest will be billed to in which each side
Requests will be honored within a 20-working calendar day period, depend requested materials.	ing upon the
If you would like to pick up the information requested and the invoice, pleatime at which you will collect or note that you would like the material mail	•
Signature	Date

City of Worthington 08/26/2019