## City of Worthington Records Request

| Name (written):  |
|--|
| Phone:   |
| Information Requested:   |
|  |
| I understand there is a research fee for any open records information requested. Per Resolution #08-01 <i>A Resolution to Approve Photocopy and Research Charges</i> , a \$5.00 minimum charge will be imposed after the first five minutes up to one half-hour of research. Any time over one half-hour will be charged at one- and one-half times the City Clerks normal hourly wage plus any additional expenses incurred by the city (per page printed is $.25\phi$ , copy $.25\phi$ , laminate $.50\phi$ ). |
| Requests will be honored within a two-week period.   |
| If you would like the information requested and the invoice mailed to you, please provide your address below:  |
| If you would like to pick up the information requested and the invoice, please provide a date and time at which you will collect:  |
|  |
| Signature  |
| Date   |