



REQUEST FOR RECORDS

City of Ralston, Nebraska

Phone (402) 331-6677

FAX (402) 331-4553

TO BE COMPLETED BY REQUESTER:

Company: _____

Name: _____ Phone Number: _____

Address: _____

Fax Number: _____ Email Address: _____

RECORD SOUGHT: Please provide a specific description of the record(s) you desire to inspect. Include record titles and dates, as well as the names of city departments which produced or hold the record(s).

CHARGES: Copy charges are set at a level to compensate the city for costs incurred in honoring your request. An administrative fee will be charged for any request requiring staff time in excess of 4 hours. *N.R.S. §84-712(F)*: If copies requested are estimated to cost more than \$50.00, the requester may be required to furnish a deposit prior to the request being fulfilled.

The charge to you for access to the record(s) you requested is: \$ _____

TO BE COMPLETED BY RECORD CUSTODIAN

Time of Request Date: _____ Time Access Provided Date: _____

Time: _____ Time: _____

Staff Time Involved: _____ Hours _____ Minutes

Charges: _____

Date Picked Up: _____ Amount Paid: _____

Signature of Record Custodian