



# 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