



**CONSOLIDATED GRAVITY DRAINAGE DISTRICT NO. 1
REQUEST FOR ACCESS TO PUBLIC RECORDS FORM**

Date Requested: _____ Time In: _____ am _____ pm
Requester's Name: _____ Phone: _____
Requester's Address: _____ City: _____ State: _____ Zip: _____

____ Review of public records (Regular work hours-No charge)

____ Review of public records (After hours-Requires charge)

____ Copy of public records (Requires charge)

Please note that in accordance with CGDD1 procedures (adopted by the CGDD1 Board on July 23, 2003) all requests for copies and /or access to review public records must be in writing on this form.

The charge for copied documents is \$.25 per copy of routine and readily available files and records. Request for copies of both front and back of a document shall be deemed as a request for two (2) copies. Costs for copies made or requests for free access to public documents after normal working hours shall be at the standard copying rate, plus the additional cost incurred in paying a CGDD1 employee assigned to the additional duties; calculated at the normal overtime rate with a minimum charge of one (1) hour in overtime.

Complicated requests for copies and access to public records which require extensive research and copying, will be responded to base on either the number of documents, location of records, and/ or estimated time for processing the requests.

INFORMATION REQUESTED—Please be specific, i.e. time frames:

- 1. _____

- 2. _____

- 3. _____

Requester's Signature: _____

*****CGDD1 USE ONLY*****

Completed by: _____ Date: _____ Time: _____ am _____ pm

Total number of pages (8 ½ X 11) _____ X \$.25 = \$ _____

Total number of sheets (24 X 36) _____ X \$2.00 = \$ _____

Additional charges: _____ hours X \$ _____ = \$ _____

TOTAL CHARGES FOR COPYING /ACCESS TO RECORDS: \$ _____

Administrator's Approval: _____

Kiley F. Bates, P.E. - Custodian of Records