



REQUEST FOR INSPECTION /COPYING OF RECORD

Date of request: _____ Time of request: _____

Requestor's information		
Name: _____	E-mail address: _____	
Address: _____	Daytime phone: _____	
City: _____	State: _____	Zip Code: _____

Describe records requested: _____

Purpose of request

Court case Personal information

Other (please specify): _____

Are you requesting certified copies? Yes No

FOR CITY USE ONLY	
Responsible Department: _____	
Availability:	<input type="checkbox"/> Paper Copy <input type="checkbox"/> Electronic Format
Location:	<input type="checkbox"/> In Storage <input type="checkbox"/> Readily Available
Cost Estimate per City of Rifle Open Records Policy and Procedures:	
Scanning/ Copying (black and white)	_____ pages @ \$0.25 per page
Copying of records in other formats (actual reproduction cost)	\$ _____
Research and Retrieval Costs: _____ hours @ \$33.58 per hour	\$ _____
Certification: _____ certificates and seals @ \$1.00 each	\$ _____
Other: _____	_____
Total Cost Estimate:	\$ _____

Having received the foregoing cost estimate, I choose to confirm my request for the records described and agree to pay the charges. Yes No – cancel request

Signature _____ Date _____