



## **CITY OF GUSTAVUS REQUEST FOR PUBLIC RECORDS**

It is the policy of the City to provide access to public records and information so that the right of the people to remain informed is protected. Public records are open for inspection during regular business hours.

All requests for City records shall be made in writing to the Office of the City Clerk/Treasurer. Use the City of Gustavus Public Records Request form when making a request for public record. The requester is required to sign the certification of Non-litigation Affiliation before the request will be processed.

The City of Gustavus will respond to a public records request in a prompt manner consistent with both legal restrictions and the City's obligation to the public. It is the intent that a public record request will be filled within 10-business days, or as soon as possible given the current workload.

Some records of the City are exempt from public disclosure because they are declared privileged or confidential.

If the production of records for one requestor in a calendar month exceeds five staff hours, the requester shall pay the personnel costs required during the month to complete the search and duplication of the record requested.

There will be a copy charge for items requested in the amount of .25/page. A double/sided copy is charged as two copies. If pages and/or documents are combined within a document such as a PDF, the charge will be based on the number of pages within the document.

\_\_\_\_\_  
Requestor

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PUBLIC RECORDS REQUEST**

Name of Requestor: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Organization or Company: \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please describe below, in detail, the information or documents you are requesting. Please be as specific as possible.** I request to inspect or receive copies of the following documents or files:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hold for Pick-up     Mail     Fax     E-mail

**ACKNOWLEDGEMENT OF PAYMENT**

I understand I will be charged a fee for each page that I am requesting to be copied, faxed, emailed, or mailed and that if the production of records sought by a requestor in a calendar month exceeds one (1) person-hour, the City must require the requestor to pay the personnel costs above that one (1) person-hour prior to completion of the search and copy of the records.

I further understand that the City will attempt to respond to the request within 10-business days after receiving my request, or longer if workload precludes a response within 10 days. I further understand that this request is available for public review and will be kept on file in accordance with City records policy.

**CERTIFICATE OF NON-LITIGATION AFFILIATION**

I hereby certify that: I am not involved in litigation with the City of Gustavus or another public agency to which the requested record is relevant, and I am not acting on behalf of or otherwise representing any person who is involved in litigation with the City of Gustavus or another public agency to which the

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**City Use Only**

City Staff Use: Date Due: \_\_\_\_\_ Extension: No Yes Due: \_\_\_\_\_ Date Filled: \_\_\_\_\_

Research hours: \_\_\_\_\_ By:    Pick-Up    Mail    Fax    E-mail    Initial \_\_\_\_\_