



City of Pine Island Request for Information Form

Please fill in the information below:
Date: _____
Name: _____
Address: _____
Phone: _____
E-mail Address: _____
Record Requested and/or Description: _____
Please check one option below: <input type="checkbox"/> I agree to pay all charges for research, and /or photo copies (see charges at right). <input type="checkbox"/> I agree to pay charges for research only, and wish to inspect the records in person before any copies are made. I agree to then pay the copying charges of any records I wish copies of.

For City Use Only:
Data Classified: <input type="checkbox"/> Public <input type="checkbox"/> Other
Request Denied: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Denied, give reason: _____
Date Privacy M.S.A. §13D: _____
Other: _____
Charges Incurred in Filling Request:
Copy Charge- \$ _____
Research Charge-\$ _____
Total-\$ _____
City Research & Copying Charges
Research: No charge for first 15 minutes. \$35 per hour thereafter (Attorney's Office is \$155)
Photo Copies: \$.25 a copy (black and white) 2-sided is \$.50 a copy) \$1.00 a copy (color) 2-sided is \$2.00 a copy

