

**CITY OF ORONOGO
REQUEST FOR RECORDS**

Date of Request: _____

Requested by:

Name: _____

Address: _____

Phone #: _____

Information Requested:

Request received by: _____

Date request received in the office of the City Clerk: _____

Request processed by: _____

Date request for information processed: _____

Fee Schedule:

Number of copies @ 10 cents per page _____ = _____

Number of copies @ 25 cents per page _____ = _____

(for minimal research)

Police Reports (\$5.00) _____ = _____

Number of hours @ \$12.01 per hour _____ = _____

(for in-depth research)

TOTAL _____

DATE PICKED UP & PAID: _____