

**CITY OF ATHOL
PUBLIC RECORDS REQUEST**

I, _____, request to
examine (), or **copy ()** the following records:

Records requested: _____

(If more space is needed, attach additional pages)

If copies, I would like copies of records provided in the following form:
printed (), electronically, email (), if available

Date of Request: ____/____/____

Phone (____)____-____ e-mail address: _____

Mailing Address: _____
Street # City State Zip

Under penalty of law, I hereby certify that I will not use, nor will I allow to be used in any form or manner, the information received as a mailing or telephone number list for the purposes such as soliciting, etc. I further certify such records requested will be used for information only and will not be sold or distributed in any manner that is unlawful. (I.C. 74-102)

Signature: _____

For Office Use Only

Received by: _____ Date: _____ Tracking #: _____
Completed by: _____ Completed on: _____

____ Per Page Charge	x	____ Pages Copied =	Total Copying Cost:	_____
			Less Free Pages:	-100
			Copying Cost Due:	_____
____ Staff Time Spent	x	____ Hourly Rate =	Total Staff Cost:	_____
			Less Free Time:	- 2 Hrs
			Staff Costs Due:	_____
____ Attorney Time Spent	x	____ Hourly Rate =	Total Attn Time:	_____
			Less Remain. Free Time:	_____
			Total Attn Costs Due:	_____
			Total Amount Due:	_____

Amount Received: _____ Date Paid: _____ Received by: _____