

**VOLUNTARY REQUEST FORM
FOR PUBLIC INFORMATION**

NAME: _____ Date: _____

ADDRESS: _____

PHONE # _____ EMAIL _____

DOCUMENTS REQUESTED (Please be specific):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____

.....
Fees for providing copies of public records:

Documents copied by New River Staff:

Paper copies	1-9	\$.00
	10-100	\$.10
	100 +	\$.15 plus hourly rate of employee(s) providing service and other associated costs.

Documents Researched and Prepared by New River Staff:

0-30 minutes	\$.00
30 minutes +	*(Special Service Charges hourly rate of employee providing the service plus other associated costs.)

* REQUESTS FROM PUBLIC AGENCIES WILL NOT BE CHARGED

* REFER TO POLICY FOR ADDITIONAL FEES

FOR OFFICIAL OFFICE USE ONLY:

Total # of pages requested: _____ Charges: \$ _____

Total time spent: _____ Charges: \$ _____

Total Charges for Copies and Services: \$ _____

Amount Received: \$ _____ Receipt #: _____