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:

<table>
<thead>
<tr>
<th>Paper copies</th>
<th>1-9</th>
<th>$0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10-100</td>
<td>$0.10</td>
</tr>
<tr>
<td></td>
<td>100+</td>
<td>$0.15</td>
</tr>
</tbody>
</table>

$0.15 plus hourly rate of employee(s) providing service and other associated costs.

Documents researched and prepared by New River Staff:

<table>
<thead>
<tr>
<th>Time</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-30 minutes</td>
<td>$0.00</td>
</tr>
<tr>
<td>30 minutes +</td>
<td><em>(Special Service Charges hourly rate of employee providing the service plus other associated costs.)</em></td>
</tr>
</tbody>
</table>

* 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 #: __________________