

CITY OF MACEDONIA
PUBLIC RECORDS REQUEST FORM

Date of Request: _____

Requestor(s) Name: _____

Contact Information of Requestor(s):

Cell: _____

Office: _____

Home: _____

Email Address: _____

Mailing Address: _____

Description of Documentation Requesting:

Signature of Requestor(s) of Materials:

For Record Purposes

Date Completed: _____

Fees Exchanged: _____

Public Records Policy of the City of Macedonia: Fee Schedule:

Section 3.1: The charge for paper copies is 5 cents per page for requests exceeding 20 pages.

Section 3.2: The charge for downloaded computer files to a compact disc is \$2 per disc.

Section 3.3: There is no charge for documents e-mailed.

Section 3.4: Requesters may ask that documents be mailed to them. They will be charged the actual cost of the postage and mailing supplies. If the documents are not able to be mailed due to size or volume as delineated by U.S. Mail regulations, the requestor must arrange for pick up at the Municipal Center unless the requestor approves and pays for delivery via a private delivery service.