

City of Neenah Open Records Request Form

Records may be released between the hours of 7:30 a.m. and 4:30 p.m. Monday through Thursday and 7:30 a.m. and 4:00 p.m. on Friday.

This form must be filled out for requests for inspection or photocopies of city records_by either the requester or if the requester refuses, by staff receiving the oral records request. Requests exceeding \$5.00 must be paid in advance.

Date Request Rece	eivedForm Comp	oleted By:		
Name (Optional): _				
Address (Optional):				
Contact Number: _				
Information or Reco	ords Requested (Please be specific):			
	Requestor's Signature (If Written Requ	uest):		
Photocopy Fees:	\$.25 per 1 st page (1 x 25¢) \$.15 each additional page (x 15¢)	\$ \$		
Tapes or Other Media: (Actual Cost)		\$		
Postage or Faxing:		\$		
Admin. Chgs:	Requests requiring research shall be assessed labor fees_if research time equals or exceeds \$50 in costs Hours @ \$25/hr.	\$		
	Charge to 010-0000-546-11-00 Chargeable DP (Data Processing)	\$		Code MT Misc. Revenue
*****	*******	*****	****	*****
Election Reports:	\$25.00 plus \$5 per 1,000 names # of names = /1000 X \$5	\$ <u>2</u> \$	<u>5.00</u>	
	Charge to 010-0000-546-11-00 Chargeable (Data Processing)	\$		Code PO Chargeable DP
			\$	Total
	Signature of Person Receiving Reques	st:		

Please allow 5 working days for information to be researched. Your request will be given priority and you will be notified as soon as the records requested are available to you.