CITY OF OROFINO

REQUEST TO EXAMINE / COPY PUBLIC RECORDS

_____ _____
Name (Please Print) Date of Request

_____
Address

_____ _____
City State Zip Daytime Phone Number

I request to examine [ ] or copy [ ] the following records:

_____
_____
_____

_____
Signature of Person Requesting Information

****

CITY OF OROFINO USE ONLY

_____ _____
Date Received [Designated Custodian]

Payment received for copies and/or labor** in the amount of: _____
(**cost of labor will be charged if overtime is, or will be incurred. The estimated labor cost must be paid in advance.)

Date Paid: _____ Receipt#_____

_____ _____
Date Completed [Designated Custodian]

Information denied on _____(Copy of denial notice attached.)

Fee for copies: First 100 pages are free and then $0.10 per page for any copy after.
Labor: First 2 hours are free and then hourly wages are incurred.