

**Jefferson County
Request for Record Copy**

(To be Completed by Requester)

Name: _____ (Printed)
Address: _____ (Street)
_____ (City,
State) _____
Signature: _____

Copies Sought: Please provide as specific a description as possible of the record(s) you desire to copy. Include record titles and dates, as well as the names of city/county agencies or departments which produced or hold the record(s):

Desired	Record Title / Date	No. of Copies
1.	_____	

2.	_____	

(To be completed by Records Custodian)

Charges: A charge for providing copies of public records is authorized by state law and has been established by the County governing body. These charges are set at a level to compensate the County for the actual costs incurred in honoring your request. The fee schedule established by the County is posted in this office.

The charge to you for copy(s) of the record(s) you request is: \$ _____
Prepayment of the above amount _____ is required _____ is not required.

Time of request: Date _____ **Access Provided:** Date _____
_____ Time ____:____ am/pm Time: ____:____
am/pm

Staff Time involved: _____ Hours _____ Minutes

Charge per page copied: \$ _____.

Charge for use of non-office
copying equipment \$ _____.

Total Charges: \$ _____.
Prepaid \$ _____.
Paid \$ _____.
Billed \$ _____.

Records Custodian

Your copy of this form is your receipt.