



REQUEST FOR OPEN RECORDS FOIA REQUEST

City of Pleasant Hill
5160 Maple Drive, Suite A
Pleasant Hill, IA 50327
515-262-9368
www.pleasanthilliowa.org

OFFICE USE ONLY	
Date Submitted:	
Received By:	
Total Fee: \$	Paid on: _____

REQUESTER CONTACT INFORMATION		
Name:	Request Date:	
Mailing Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		
INFORMATION REQUESTED		
Request For: <input type="checkbox"/> Hard Copies <input type="checkbox"/> Electronic Copies <input type="checkbox"/> I understand that I will pay the copy rate per page as listed below.		
<input type="checkbox"/> I will look at the information at city hall & do not need copies at this time		Copy Fees (per page):
Delivery Method:		electronic copies..... \$0.50
<input type="checkbox"/> Contact me when request is ready for pick up		paper sizes 11x17 and smaller..... \$0.50
<input type="checkbox"/> Mail to address above <input type="checkbox"/> Email to address above		paper sizes over 11x17..... \$5.00
		Zoning Verification Letter..... \$50
Description of Record(s) and/or Information Requested:		

IT SHOULD BE NOTED THAT THE CITY SETS ITS DEFINITION OF A REASONABLE TIME TO BE 20 CALENDAR DAYS; HOWEVER, THE CITY CLERK WILL MAKE EVERY EFFORT TO ACKNOWLEDGE INDIVIDUAL REQUESTS FOR INFORMATION PRIOR TO 20 CALENDAR DAYS, WHEN POSSIBLE.

Requestor's Signature

Date