Millie Youngquist, Mayor
Joe Gaa, City Administrator
Kathy Kron, City Clerk
Kelsey Brown, Finance Director
Kevin D. Olson, City Attorney

City of Washington
215 East Washington Street
Washington, Iowa 52353
(319) 653-6584 Phone
(319) 653-5273 Fax

REQUEST FOR INSPECTION AND COPYING OF PUBLIC RECORDS

Date of Public Record Request: _____

Requester's Name:

_____

Address:

_____

Daytime Phone: _____   Evening Phone: _____

Email (optional):

_____

Title of Requested Record:

_____

Please describe below the record(s) you are requesting. Any additional information will help us locate them as quickly as possible:

_____
_____
_____
_____

Is this request for (please circle one) Inspection or Copying of public records?

If you are requesting copies of public records, please fill out the following:

# of copies _____   Type of copy (please circle one): B&W or Color

Paper size (please circle one):   Letter   Legal   11x17

How would you like to have your copies delivered (please circle one): mailed   picked up

Although the records I am requesting may be deemed to be "public records" within the meaning of Chapter 22, Code of Iowa, I understand that my use of this information must comply with all local, state and federal laws including but not limited to laws relating to privacy, harassment, discrimination, debt collection, libel, slander and tort. Misuse of said information by me in violation of the law is exclusively my responsibility. The City of Washington denies any and all responsibility for how this information is used by me. If any third party makes a claim against the City of Washington for misuse of this information attributable to me, the City of Washington shall pursue all available legal remedies against me. I certify that I may be charged for costs related to the inspection/copying of public records, and the records will not be released to me without payment.

Signature of Requester: _____

City Clerk Signature (indicating request completion):

_____

Date: _____

FOR CITY STAFF USE ONLY

Fee Schedule:

Number of Copies: Number of Pages: Staff Time:

Per Page Charge:

Total Charge: $

Notes: