RESOLUTION #06-364 ESTABLISHED A FEE TO BE CHARGED FOR ALL REQUESTS REQUIRING MORE THAN 15 MINUTES OF STAFF TIME. FEES: \$5.00/QUARTER HOUR PLUS \$.15/COPY – <u>NO CHARGE FOR FIRST 15 MINUTES</u> YOU WILL BE NOTIFIED WITH AN ESTIMATE OF CHARGES.

CITY OF IOWA CITY CITY CLERK'S OFFICE INFORMATION REQUEST FORM

Date of Request:

Name:_____

Contact Information:

PLEASE BE AS DETAILED AS POSSIBLE ON YOUR REQUEST (EX. NAMES, DATES, SUBJECTS, ORDINANCE OR RESOLUTION NUMBERS)

REQUEST: _____

PLEASE ALLOW 3 BUSINESS DAYS FOR A REPLY

(FOR OFFICE USE ONLY)

RESEARCH TIME: _____

RESEARCH FEE:_____

FEE FOR COPIES: