

REQUEST FOR COPIES OF PUBLIC RECORDS
PWSD #1 OF STONE COUNTY
48 JAMES RIVER RD.
KIMBERLING CITY
65686

Date of Request: ___/___/___ Time: _____ Signature: _____

Person Requesting Name: _____ Phone Number: _____

Address: _____

Response to request will be given with-in 3 business days request received by custodian of records. Access shall be provided within three business days following response – except if additional time is needed. Expected ready date and reason shall be provided.

PUBLIC RECORD REQUESTED (BE SPECIFIC – use back if needed)

8 ½" x 11" @ \$.10 per page / \$13.00 per hour clerical fee if request requires office personnel's time.

OFFICE USE ONLY	
Date information provided _____	
Cost of Copies: _____ @.10 per page	\$ _____
Clerical Cost: _____ @13.00 per hour	\$ _____
Tapes/CD/DVD _____ @13.00 per hour	\$ _____
Tapes/CD/DVD _____ @per cost of item	\$ _____
Mailing Cost	\$ _____
Total Cost for Information	\$ _____
Amount paid in cash \$ _____	Receipt Issued ___Yes ___No
Information Received	Information Mailed
Date _____ Time _____	Date _____ Time _____ e-mail/USPS
Signature _____	Witness _____