

Public Records Request Application

City Clerk's Office
520 3rd Street, Suite 230
Brookings, SD 57006
(605) 692-6281 phone; (605) 692-6907 fax
bfoster@cityofbrookings.org



Name: _____ Date: _____

Address: _____

Phone: _____ - _____ - _____
(Please include area code) (Fax number if available)

E-mail addresses: _____

Record Sought: Please provide a specific description of the record(s) you desire to inspect/copy. Please include record titles, dates, and the names of city agencies or departments which produce or hold the record(s).

Please Note: Most records will be produced within 10 business days. If the request is delayed or denied, an explanation will be provided. Prepayment is not refundable after a search has been conducted.

PLEASE DO NOT WRITE BELOW THIS LINE

Charges: A charge for providing copies of public records is authorized by state law. These charges are set at a level to compensate the city for the actual costs incurred in excess of one hour in honoring your request.

NOTE: 50% of estimated cost will be required as prepayment.

CHARGES

Staff Time Involved: _____ Hours _____ Minutes (a) \$ _____
((\$25/hour estimated cost, based on 15 minute increments))

If a paper copy is required:
Number of Copies: _____ X \$ _____/Page (b) \$ _____
(\$.25 per page for letter/legal sized documents; \$.50 per page for 11x17 size documents;
\$3.00 per page for a page larger than 11x17 or the actual cost of reproduction.)

Less Prepayment Received: (c) \$ _____

The total charge for accessing the records required is: (a+b+c) \$ _____

Request Received: _____	Date _____	Time _____	Initials _____
Records Provided: _____	Date _____	Time _____	Initials _____

Make checks payable to: City of Brookings, 520 3rd St., Suite 230, Brookings, SD 57006