CITY OF LEXINGTON – REQUEST FOR RECORDS

I, the undersigned, do hereby request to ____examine and/or ____copy (please check appropriate blank) those records maintained by the City of Lexington which pertain to (**PLEASE BE SPECIFIC**):

_____

_____

_____

Is this request commercial in nature? ____ Yes ____ No

By my signature below, I acknowledge (1) that photocopies are $.15 per page (black/white); CD's if available, are $ .50 per CD; audiotapes, if available, are $2.00 per tape (or a 90-minute tape may be exchanged) and videotapes, if available, are $5.00 (or a 6-hour tape may be exchanged); (2) certification is $1.00 per document; (3) if copies are mailed to me, the copies must be mailed via certified mail at my expense at a cost of approximately $2.50 per ounce.

I understand that certain information is exempt from request. A list of those exemptions can be requested.

I understand ALL fees must be prepaid. _____ *Please initial*

I would like copies mailed to the address provided below.* ____ Yes ____ No

> *NOTE: Again, please be reminded that all fees must be prepaid. Therefore, if you would like copies mailed to you, we will contact you with the total price of copies, certification, postage, etc. prior to mailing so that remittance can be made. After payment is received, copies will be mailed to you. To avoid a delay in receiving copies and to avoid payment of mailing costs, it is recommended you pick up copies at City Hall when they become available.

_____   _____
Name   Signature

_____   _____
Mailing Address   Date

_____   ( )_____ ( )_____
City/State/Zip   Phone Number   Fax Number

Please submit the completed form in person or by mail to City Hall, 329 W. Main, Lexington, IL 61753. Form may be faxed to (309) 365-3811.

-----DO NOT WRITE BELOW THIS LINE-----

ACKNOWLEDGMENT OF RECEIPT OF REQUESTED RECORDS

By my signature below, I hereby acknowledge that I have received the above-requested records from City Hall at _____ am/pm on _____.

_____ Includes denial letter

_____
Signature

For Office Use Only

Request received on (date) _____ at (time) _____ am/pm by _____

Total number of photocopies	____ @ $ .15 ea	$_____	total price for photocopies
Audio/Video tape copies	____ $2.00/$5.00 ea	$_____	total price for tape copies
Total documents certified	____ @ $1.00 ea	$_____	total for certification
Certified mailing ounces	____ @ $2.50/oz.	$_____	total certified mailing costs

TOTAL PRICE $ _____ paid on _____ (date)

EXEMPTIONS (if applicable) _____