

REQUEST FOR OPEN PUBLIC RECORDS TOWN OF GENEVA POLICE DEPARTMENT

RECORD REQUEST INFORMATION (To be completed by Requestor-Please Print)

Full Name:

Address:

(State) (Street) (City)
(Zip Code)

Phone: _____

Record/s Requested (please be specific: name/s, date/s, location, case number, etc.) You will be notified by phone when records are ready for pick-up.

(Most records will be provided within five (5) business days from the date of request)

Requestor Signature

Date

RECORD FEES (To be completed by Record Custodian)

Town of Geneva Resolution #151 authorized to charge reasonable fees for providing access to furnishing copies of public records.

Retrieval Time: _____ Hours x \$25.00 an hour = \$ _____

Duplication : _____ Total Pages x \$.25 per page = \$ _____

Other: (including duplication cost by outside firm, mailing cost) = \$ _____

REQUEST FOR OPEN PUBLIC RECORDS
TOWN OF GENEVA POLICE DEPARTMENT
TOTAL FEE DUE = \$ _____

YOUR COPY OF THIS FORM SHALL SERVE AS YOUR RECEIPT

RESULT OF RECORD REQUEST (To be completed by Record Custodian)

Was the request fulfilled? (please circle): **YES / NO** If **"YES"**, the date provided:

If **"NO"**, reason for not providing request (please check):

_____ Request not in record form	_____ Record does not exist
_____ Request not specific enough	_____ Other (please specify)
