

Request for Public Record

Revised by the Administrator 7-27-18

Date: _____
Name: _____
Address: _____
Phone: _____

Information Requested:

Fee Charges

Staff charges depend upon which staff person performs the work, which in turn depends upon the expertise required for the research. Research requests will be reviewed and you will be contacted within five (5) business days of MACC receiving your request.

Staff Charges:	Current Billable Rate:
Copying:	\$.25 per page
Double-Sided:	\$.50 per page
8 x 14 copy:	\$.25 per page
CD:	\$ 2.00 each

Estimated Cost for Staff Time: _____

Reproduction Cost: _____

Total Cost: _____

Release Signature: _____