

Village of Fall Creek

Public Records Request

Name _____

Date: _____

Phone: _____

Email: _____

Describe the type of record or information you are requesting. Be specific. If the request is not reasonably limited by subject matter or length of time, it may be denied by the legal custodian of the records.

Prepayment will be required if the amount of fees exceeds \$5. Copies of records can be provided at the established rate of 25¢ per copy, unless otherwise set by resolution. The cost of a flash drive is \$5. Labor costs shall be assessed if the cost of locating a record exceeds \$50. Actual shipping costs will be charged to the requestor. For mailing, provide complete address below.

Office Use Only

Located by _____ Date request filled _____

	Locating	Copying	Viewing	Charge for copies	_____
Time Began	_____	_____	_____	Charge for location	_____
Time End	_____	_____	_____	Charge for mailing	_____