

City of Enterprise

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And/or Acquire Copies of

PUBLIC RECORDS OR RECEIVE NOTICE OF PUBLIC MEETINGS

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(PRINT)

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CITY, STATE & ZIP CODE _____

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RECORDS/INFORMATION REQUESTED (be as specific as possible): _____

REASON FOR REQUEST: _____

SIGNATURE: _____ DATE: _____

# Copies/Faxes Requested Total Research Time	Rate	Total Amount	Receipt Number	Cashier Initials
	\$	\$		
	\$	\$		
	\$	\$		

Cost of Research/Copies

*Research \$10.00 per hour

*Audits .50cent per page

*Copies .50 cents per page

*Data Records .25 cents per record

Approved by: _____
(City Clerk's Initials)