



REQUEST FOR RECORDS

CITY OF LA VISTA, NEBRASKA

PHONE (402) 331-4343 FAX (402) 331-4375

TO BE COMPLETED BY REQUESTER:

Company: _____ **Phone Number:** _____
Name _____ **Address:** _____
Fax Number: _____ **Email Address:** _____

RECORD SOUGHT: Please provide a specific description of the record(s) you desire to inspect. Include record titles and dates, as well as the names of city agencies or departments which produced or hold the record(s).

CHARGES: Copy charges are set at a level to compensate the city for costs incurred in honoring your request. An administrative fee of \$15.00/half hour will be charged for any request requiring staff time in excess of 4 hours. A fee schedule for regularly requested items is posted in this office. Depending on the cost of the records requested there may be a deposit required.

The charge to you for access to the record(s) you requested is: \$

TO BE COMPLETED BY RECORD CUSTODIAN:

Time of Request	Date: _____	Time Access Provided	Date: _____
	Time: _____		Time: _____
Staff Time Involved:	_____ Hours	_____ Minutes	
Charges:	_____		
Date Picked Up:	Amount Paid _____		
GL Account Number	_____		

Signature of Record Custodian