

MERRILL AREA PUBLIC SCHOOLS

REQUEST FOR RECORDS

Date of Request: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Address of Requestor: \_\_\_\_\_

Phone No. of Requestor: \_\_\_\_\_

Date Information Available: \_\_\_\_\_

Request Received by: \_\_\_\_\_

District Staff

I. Reasonable description of the record or information sought:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. If request is denied, the reasons follow:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. Fee Schedule Information:

1. Reproduction Fees

a. \$1.00/1<sup>st</sup> page \$1.00  
10 cents per page (each side)  
\_\_\_\_\_ pages x \$.10 \$ \_\_\_\_\_

b. Hrly. charge for more than 20 pages:  
\_\_\_\_\_ X \$18.00/hr. (1/4 hr. basis) \$ \_\_\_\_\_

c. Actual cost of tapes or other medium \$ \_\_\_\_\_

2. Cost of reproduction of records when equipment not available within Authority \$ \_\_\_\_\_

3. Total Cost \$ \_\_\_\_\_

\_\_\_\_\_  
Date Signature of Custodian or Designee

\_\_\_\_\_  
Date Signature of Requestor (Not Required)