

## PUBLIC RECORDS REQUEST FORM

Name:		A d d wooda	News DEPT MR32374			
Beryl Lipton		City: Somerville	State: MA	Zip:	02144	
Phone No.: 617-299-1832	No.: 617-299-1832 Cell No.:		E-Mail:32374-8	E-Mail:32374-81140152@requests.muckrock.com		
he employee having custody of public ne public record. The employee having otification of the need for additional t dministrator, if written appeal is filed w ithin five working days, which will be ong as that appeal is filed no later than	g custody of the public r ime. If the request is den vithin five working days. I heard at the next regular	ecords shall respond within ied in whole or in part, you if you are not satisfied with th scheduled assembly meeting	ten working days of the request will be notified in writing. You n he ruling of the municipal admini	t. This time fi nay appeal th strator, you m	rame may be extended by the denial to the municipal tag appeal to the assembly	
Title of Record(s): Protes	sted for-profit prison to	wns				
Date of Record(s):						
Description of Record(s)	: Please provide	any additional info	ormation that will assi	ist us in l	ocating the	
record(s) for you as quick	kly as possible:					
ny and all materials regarding or r	eferencing the potentia	al of a privately-operated	prison within the jurisdiction	of this agen	cy. Please include	
All communications between any in Other communications (emails, let Requests for Proposals and all ass	tters, text messages, et	tc.), - Memorandums of ur	nderstanding, - Contracts and	associated	amendments, exhibits	
• Requestor's Signature: 📈				Date:		
*** Please Note: This for	rm must be comple	eted and returned to	the Municipal Clerk's	Office for	processing. ***	
		FOR OFFICE USE OF	NLY			
<ul> <li>Photocopies</li> </ul>	\$ .25	5 per page + tax			\$	
<ul> <li>Assembly Packets</li> </ul>		each packet + tax			\$	
<ul> <li>Audio Copy</li> </ul>		each + tax			\$	
• Video Copy		each + tax			\$	
<ul> <li>Mylar Copies of Plats</li> </ul>		per mylar copy + tax			\$	
<ul> <li>Certified Copies</li> </ul>		5 1st page .25 each add	litional page		\$	
<ul> <li>Copy of Budget</li> </ul>		each + tax			\$	
• Other		o be determined			\$	
• The salary of an employee (hourly rate plus benefits)	(s) \$	_ labor x hou	ırs + tax		\$	
			ication of the documents			
requested generate labor in The municipality may reduce or waiv			luction or waiver is in the public	intarast Faa	raductions and waivers	
shall be uniformly applied among pers	sons who are similarly sitt					
to the municipality to arrange for pays	nent.			TAX	\$	
			TOTAL CH	IARGES	\$ \$	
Date Request Received:	Completed By or	Referred to (check a box	below) Name:			
☐ Request for Record(s) Copy(ies) total \$ was received on			and provided o	and provided or mailed/emailed on		
☐ Record(s) or Information is exer	mpt from disclosure and	l public access is denied ar	nd the requestor was notified o	n		
☐ Record(s) or Information canno	t be located or do not ex	cist and the requestor was	notified on		_	
☐ Record(s) or Information availa	ble online at www.cityo	ofsitka.com				
☐ Administration ☐ Assessing	<u> </u>			☐ Poli	ning Department ce Department lic Works	
☐ Electric Department	Human Resour		funicipal Clerk		er:	