

CITY OF HOHENWALD

INSPECTION/DUPLICATION OF RECORDS REQUEST

Requestor Instructions: To make a request for copies of public records fill in sections 1-4. Do not sign and date the signature line until the records are received.

Custodian Instructions: For requests to inspect, the records custodian is to fill in sections 1-5 and 8. For requests for copies, the records custodian is to fill in sections 5-8. Do not sign and date the signature line until the records are delivered to the requestor.

1. Name of requestor: Kent Hoover
(Print or Type; Initials required for copy requests)

2. Form of identification provided:

☒ Photo ID issued by governmental entity including requestor's address

☐ Other: _____

3. Requestor's address and contact information: MuckRock News 263 Huntington Ave
DEPT MR 176485
Boston, MA, 02115

4. Record(s) requested to be inspected/copied:

a. Previously inspected on _____ (date); ☐ Inspection waived

b. Type of record: ☐ Minutes ☐ Annual Report ☐ Annual Financial Statements
☐ Budget ☐ Employee file ☒ Other

c. Detailed Description of the record(s) including relevant date(s) and subject matter:

Salaries for employees titled Human Resources Clerk, or the equivalent position, for the years 2022, 2023, and 2024,

to include employee name and year of birth at minimum.

5. Request submitted to: _____
(Name of Governmental Entity, Office or Agency)

a. Employee receiving request: _____
(Print or Type and Initial)

b. Date and time request received: _____

c. Response: ☐ Same day ☐ Other _____

6. Costs

a. Number of pages to be copied: _____ ☐ Estimated

b. Cost per page: _____

c. Estimate of labor costs to produce the copy (for time exceeding 5 hours): _____

☐ Labor at \$ _____ /hour for _____ hour(s).

☐ Labor at \$ _____ /hour for _____ hour(s).

☐ Labor at \$ _____ /hour for _____ hour(s).

d. Programming cost to extract information requested: _____

e. Method of delivery and cost: _____ ☐ Estimated

☐ On-site pick-up ☐ U.S. Postal Service ☐ Other: _____

f. Estimate of total cost to produce request: _____

g. Estimate of total cost provided to requestor: ☐ in person ☐ by U.S.P.S. ☐ by phone

Other: _____

7. Form, Amount, Date of Payment:

- a. Form of payment: ☐ Cash ☐ Check ☐ Other _____
b. Amount of payment: _____
c. Date of payment: _____

8. Date of Delivery: _____

Signature of Records Custodian

Date

Signature of Requestor

Date