

Franklin County Auditor's Office - Public Records Request

**Please print legibly*

Name: _____ Date: _____

Phone: _____ Email: _____

Mailing Address: _____

Public Records Request (Please be as detailed as possible):

** I understand all public records requests are subject to Iowa Code Chapter 21 & 22 as well as the Franklin County Auditor's Office Request for Access to or Copies of County Records Policy and understand that I may incur both fees for copies or printing along with an hourly rate for research.*

Requestors Signature: _____

**For Office Use Only*

Request Received BY: _____ On: _____

Fees Incurred:	Black & White Copies:	_____ x \$0.25ea = _____
	Color Copies:	_____ x \$0.50ea = _____
	Research Fees:	_____ hrs x \$25/hour = _____
	Emailed Copies	_____ x \$2/maps = _____
	Data Requests	_____ x \$10/report = _____
	Total for all Fees & Services	\$ _____

Request Completed & Delivered On: _____ Initials: _____

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