



# CITY OF CHARITON

115 South Main Street Chariton, Iowa 50049

641-774-5991 Fax 641-774-4111

City Manager, Laura J. Liegois

City Clerk/Treasurer, Christy Metzger

## **CITY OF CHARITON POLICY FOR EXAMINATION OR COPYING OF RECORDS**

### **GENERAL POLICY:**

It is the policy of the City of Chariton to meet all reasonable requests for information and documents within the constraints of Iowa Code Chapter 22. The purpose of this policy is to fix fees for public examination and photocopying.

### **CUSTODIAN OF RECORDS:**

While the overall custodian of the City's records is the City Manager and City Clerk, a request to view or a request for a copy of a public record shall be directed to the custodian of records.

### **PROVISIONS:**

This policy is not intended to preclude verbal responses to routine requests for information

- This policy applies to all municipal records except requests for police department accident reports, medical and fire reports, and fire investigation reports, which are subject to separate policies.
- If the number of photocopies does not exceed twenty-five (25) pages, or if staff time for responding to the request does not exceed thirty (30) minutes, the following fee schedule shall apply:
  - a. Fees for photocopies: \$.25 per page for black and white copies and \$1.00 per page for color copies.
- If the number of pages to be copied exceeds twenty-five (25) pages, or if the staff time involved in providing the records exceeds thirty (30) minutes, the following additional fee schedule shall apply:
  - Hourly rate for clerical time needed to make photocopies \$22.00 (prorated to the nearest fifteen (15) minutes)
  - Hourly rate for professional staff time - Effective hourly rate of staff member for time needed to produce or review the documents (prorated to the nearest fifteen (15) minutes)
  - Routinely prepared or bound reports - Actual cost to produce
  - Special requests for records mapping requests, and other nontraditional methods of providing information may incur additional costs.

- The person requesting the information shall be provided a bill, which shall be paid before the photocopies will be released. If the cost of responding to a request is estimated to exceed \$10.00, the person requesting the records will be provided with an estimate of costs, which the person will need to agree to pay prior to the copies being made. If the cost of responding to a request exceeds \$50.00, the person requesting the records will need to pay the estimated costs prior to the copies being made.
- The custodian of the requested records will attempt to fill record requests in a timely manner, not to exceed fourteen (14) working days, unless an issue arising concerning the disclosure of records exempt from Chapter 22. These records include, but are not limited to medical records, personnel or employee-related files, documents concerning litigation or claims, and/or names and addresses of complainants.
- All open records requests that are responded to by electronic media shall be provided in a format that prevents the document from being altered.

CITY OF CHARITON REQUEST FORM TO EXAMINE OR COPY RECORDS

Description of Record Requested:

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Requester and Record Identification

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Name of Requester

Address

Telephone No.

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Signature of Requester

Date

If the cost of responding to a request is estimated to exceed \$10.00, the person requesting the records will be provided with an estimate of costs, which the person will need to agree to pay prior to the copies being made. If the cost of responding to a request exceeds \$50.00, the person requesting the records will need to pay the estimated costs prior to the copies being made.

CITY OF CHARITON  
RESPONSE TO REQUEST TO EXAMINE OR COPY RECORDS

Date of Response: \_\_\_\_\_

\_\_\_\_ Your request has been received and is being processed. The City will respond within fourteen (14) days.

\_\_\_\_ The estimated cost of your request is \$\_\_\_\_\_. If less than \$50.00, please sign below if you agree to pay these costs. If more than \$50.00, the above amount must be paid prior to copies being made.

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Signature

Date

\_\_\_\_ The response to your request is attached. The cost is \$\_\_\_\_\_.

\_\_\_\_ The City has located a response to your request. For a copy of said response, please submit a fee of \$\_\_\_\_\_.

\_\_\_\_ The record you have requested is exempt from disclosure under Iowa law. Please see the response below.

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

\_\_\_\_ The City does not have any documents responsive to your request.

\_\_\_\_ The City needs additional information to respond to your request. Please provide the following:

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

For City Use Only Request received by: \_\_\_\_\_ On: \_\_\_\_\_

Action assigned to: \_\_\_\_\_

Response due date: \_\_\_\_\_

Fee Amount due: \$ \_\_\_\_\_

Date fee received: \_\_\_\_\_