

CITY OF ALDEN
Information Disclosure Request Form

To Be Completed by Requester. *(Please provide complete, legible information or the City may be unable to process your request. You may choose not to provide your name or contact information, but it may inhibit the City's ability to process or contact you about your request.)*

You may be required to pay the actual cost of making, certifying, compiling, and producing the copies of information requested as allowed by applicable law. There will be additional charge for large size documents, photographs, postage, etc. Large requests may require prepayment.

Requester's Name (Last, First, MI):	Phone:
Address:	Email Address:
Signature:	Date of Request:

Type of Data Access Requested: <input type="checkbox"/> Inspection <input type="checkbox"/> Copies <input type="checkbox"/> Both Inspection & Copies
Description of Information Requested <i>(Be Specific. If you need more space, please use a separate sheet of paper.)</i>

The City of Alden will respond to your request within 10 business days or as soon as reasonably possible.

To Be Completed by the City.

Received By:	Date:
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To Be Completed by the City.

Request Processed By:	Date:
Information Classification: <input type="checkbox"/> Public <input type="checkbox"/> Non-Public <input type="checkbox"/> Private <input type="checkbox"/> Protected Non-Public <input type="checkbox"/> Confidential	Request Response: <input type="checkbox"/> Approved <input type="checkbox"/> Approved in Part (<i>See below</i>) <input type="checkbox"/> Denied (<i>See below</i>)

Reason for Denial:
Cost: <input type="checkbox"/> ___ Pages x \$.25 per page = \$_____ <input type="checkbox"/> Employee Search and Retrieval Time = \$_____ <input type="checkbox"/> Other copy charges (nonstandard size, color, photos, etc.) = \$_____ <input type="checkbox"/> Postage/Delivery cost = \$_____ <input type="checkbox"/> Special Rate (<i>Explain</i>) = \$_____ Total: \$ _____ Pre-Payment Required: <input type="checkbox"/>

Completed By:	Date:
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