



## TOWN OF HOCHATOWN RECORDS REQUEST

(TO BE COMPLETED BY REQUESTER)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CHARGES:** A charge for record search and/or providing copies of public records is authorized by State Law and has been established by the Town for the actual costs incurred in honoring your request. The fee schedule established by the Town is posted in this office.

**FEE:** \$0.25 per copied page  
\$1.00 per copied page, certified by the Town Clerk.  
A search fee, based on the time and costs involved, will also be assessed. Search fees, when authorized, shall reflect both hourly rate costs for employees, and use rates for equipment

RECORD(S) REQUESTED:	NO. OF COPIES:	PAPER/DIGITAL:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**AMOUNT DUE:**

Number of Digital Copies: \_\_\_\_\_ X \$0.0 = \$0.00

Number of Printed Pages: \_\_\_\_\_ X \$0.25 per page = \$ \_\_\_\_\_

Search Time: \_\_\_\_\_ hours + \_\_\_\_\_ minutes X \$ \_\_\_\_\_ per hour = \$ \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

RECORD CUSTODIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

RECORD CUSTODIAN: \_\_\_\_\_

DATE: \_\_\_\_\_