



City of Marengo, Iowa
OPEN RECORDS REQUEST

REQUESTOR'S INFORMATION:

Requestor's Name: _____
Address: _____
City /State/Zip: _____
Phone Number: _____
E-mail Address: _____

Description of Record or Information Requested: (be as specific as possible):

Signature of Requestor: _____

Date of Request: _____

CHECK ONE:

_____ Yes, I would like the records copied and sent to the above address by USPS mail, *and* a copy sent to the email address above.

_____ Yes, I would like the records copied and I will pick it up at Marengo City Hall, 153 E. Main Street, Marengo, IA

_____ Yes, I will plan to review the documents at Marengo City Hall, no copies are required.

Applicable City's Services Fees Schedule:

Records Request	30 Minutes or less	\$0.00
	31 Minutes or More	Hourly wage rate of custodian of record, or their designee
Copies	Black & White	\$ 0.10 per side
	Color	\$ 0.15 per side
Reports	DVD	\$ 0.50 per copy
	Flash Drive	\$ 5.00 per copy

Upon receipt of the information request, an estimated cost to complete the requested services will be provided. Following payment of the estimated costs, you may expect a response to non-confidential, public information within ten (10) to fifteen (15) business days.