



EXAMINATION OF OPEN RECORDS POLICIES AND PROCEDURES

1. Any person or organization seeking public records within the control of the City of Lowden may examine such records under the supervision of city staff. Examination of public records shall take place at City Hall during regular office hours - Monday - Friday 7:30 a.m. - 2:00 p.m., except holidays and weekends, under the supervision of the City Clerk or designee. The City Clerk shall make available a suitable desk or table in the City Clerk's office for this purpose. If for any reason a public record cannot be examined in the City Clerk's office it shall be examined in the Council Chambers. The City Clerk or designee shall deliver public records not maintained in the City Clerk's office to that office for examination purposes. There shall be no charge for supervising the examination of public records for the first 15 minutes. Supervision charges after the first 15 minutes shall be \$17.30 for the first hour and \$17.30 for every 30 minutes thereafter.
2. It shall be the policy of the City of Lowden to respond promptly to requests for access to public records. However, responses to such requests shall not interfere with the performance of essential services and may be delayed as reasonably necessary depending on the scope of the request and personnel availability.
3. Persons seeking public record copies shall specifically and clearly indicate which records they wish to receive. A Public Records Request Form must be filled out and signed and dated by the requester.
4. Records retrieval service is limited to identifying and producing records that already exist. This service does not include research or preparation of any written reports, summaries, or analysis of such information/data. This service also does not include analysis or extraction of information/data.
5. City Clerk or designee will make copies at the rate of \$1.00 for the first page/side and \$0.30 for each additional page/side for 8 ½" x 11". Larger copies can be made at an additional charge. Records need to be picked up at City Hall unless other arrangements have been made. If records are requested to be mailed by the requester, all mailing supply costs along with shipping and handling fees will be billed according. All fees must be paid before a package will be shipped. The City Clerk or designee reserves the right to require payment in advance for public records access requests. Upon completion of the request the City Clerk shall refund any excess fees collected.
6. Exceptions. The foregoing policies and procedures shall not be applicable to public records access requests by City officers, employees or agents of the City, or where records required by law are to be kept confidential.



PUBLIC RECORDS REQUEST FORM

Date: _____

First Name: _____ Last Name: _____

Organization Name If Applicable: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Records requested to be examined/copied (please be very specific):

Although the records you are requesting are deemed "public record" under Iowa Law, you are hereby advised that your use of this information must comply with local, state, and federal laws including but not limited to laws relating to privacy, harassment, discrimination, debt collection, libel, slander, and tort. Misuse of said information by you in violation of any law is exclusively your responsibility. The City of Lowden hereby denies any and all responsibility of how this information is used by you. If any third party makes a claim against the City of Lowden for misuse of this information attributable to you, the City of Lowden shall pursue all available legal remedies against you.

The undersigned acknowledges that he/she has read the above policy and understands and agrees to its terms.

Signature: _____ Date: _____

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Records Examination Supervision Fee: \$ _____ (\$17.30/hour)
Records Retrieval Fee: \$ _____ (\$17.30/hour)
Copy Fees: \$ _____ (\$1.00 for first page/side. \$0.30 each additional page/side. 8 1/2 x 11" – large copies at additional charge) Postage & Handling Fees: \$ _____ (applicable rate for packaging & postage)
Date Paid: _____ Check [] # _____ Cash [] _____ Staff Initials: _____