

## Minnehaha County Open Records Request Form

**Requestor Contact Information:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Documents/Materials Requested:**


**Auditor's Office Use Only****Fees Charged:**

\$0.25 per page (Letter or Legal Size)	\$
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\$0.50 per page (11"x17")	\$
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\$3.00 per page (Larger than 11"x17") or actual cost of reproduction, whichever is larger	\$
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Postage	\$
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List any other fees incurred to fulfill request:	\$
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**Total \$****Form of Payment:** \_\_\_\_\_**Request Fulfilled By (Employee Name):** \_\_\_\_\_