



City of Ripon Open Records Request

Date: _____

Requestor's Name:(required for request)_____

Agency:(optional for mailing)_____

Address:(optional for mailing)_____

City:_____ State_____ Zip_____

E-Mail Address:(optional for emailing)_____

Telephone Number:(optional for calling when ready)_____

Records Sought (Be as specific as possible) MANDATORY_____

Reason for request:(optional)_____

FEE: Photocopying shall be \$.25 per page, which has been calculated to be the actual, necessary and direct cost of reproduction. Additional charges may apply, such as to recover costs for locating a record, mailing or shipping costs, or photographing and photographic processing costs, and in some cases prepayment may also be required, as allowed by law.

Signature of Requestor (optional)

For Office Use Only

Date Received_____ Received by_____

Granted_____ Denied_____

Reason for denial_____

Number of copies made_____ Cost_____

Time taken to fill request_____ Date Completed/Closed_____

Signature of person filling request_____