City of Hazleton POLICIES AND PROCEDURES FOR EXAMINATION OF PUBLIC RECORDS

GENERAL POLICY:

It is the policy of the City of Hazleton to meet all requests for information and documents within the constraints of Iowa Code Chapter 22. The purpose of this policy is to appoint custodians of the records and fix fees for public examination and photo copying and to prevent the interference with an orderly office routine.

Persons seeking public records within control of the City of Hazleton may examine such records under supervision of the Custodian of the Records. Examination of records shall take place at City Hall, during regular office hours.

PROVISIONS:

- 1. This policy is not intended to preclude verbal responses to routine requests for information.
- 2. The City Clerk, and Mayor are the lawful custodians of public records pertaining to the city.
- 3. Rates for copies and research:

a. Photocopies .25 per page

b. Hourly rate for professional staff time needed to produce or review the records

Hourly wage of custodian in charge of the record (prorated to the nearest 15 minutes)

- c. There shall be no charge for supervision of city records for the first 30 minutes. Supervision charges after the first 30 minutes shall be at the City Clerk's hourly wage. Custodian shall collect the fee, provide a receipt, and remit the money to City Hall at least weekly.
- 4. All requests for public records should be filled in a timely manner. However, responses to such request 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.
- 5. The Custodian may notify the requesting party if a request for records may require an extensive search or specially programmed computer time of the anticipated costs and require a deposit in advance. Upon completion of the request the Clerk shall refund any excess fees collected.
- 6. This policy does not cover departmental records which are subject to a specific departmental policy and fee schedule.
- 7. Exceptions. The foregoing policies and procedures shall not be applicable to public records access requests by officers, employees, or agents of the City, or any other governmental entity, to records by subpoena, or to records required by law to be kept confidential. The custodian shall consult the City Attorney concerning requests for records that may be considered confidential records pursuant to Iowa Code Sec. 22.7. These requests include, but are not limited to: medical records, personnel records or employee related files, documents concerning litigation or claims, reports provided to government that may provide advantages to competitors, property appraisals concerning public projects, and names and addresses of complainants.

The City Attorney will inform the requesting party in writing of any denial of records due to confidentiality.

8. <u>A public records request form</u> must be filed out and signed by the requester. The request form must clearly state the items being requested. This will aid in giving and estimate of the cost for these records and in obtaining the proper records.

CITY OF HAZLETON PUBLIC RECORDS REQUEST FORM

Date:		-		
Name:				
Address:				
Phone Number:				
Records requested to be examin	ned/copied (plea	ase be very s	specific):	
Although the records you are rehereby advised that your use of including but not limited to law libel, slander, and tort. Misuse your responsibility. The City of information is used by you. If a misuse of this information attriblegal remedies against you.	this informations relating to pring of said informant Hazleton here any third party in this same third party in the same same third party in the same same same same same same same sam	n must comp vacy, harassition by you iby denies an makes a clair	oly with local, statement, discrimination violation of any y and all responsion against the City	e, and federal laws on, debt collection, law is exclusively bility of how this of Hazleton for
The undersigned acknowledges to its terms.	that he/she has	read the abo	ove policy and und	lerstands and agrees
Signature:			Date:	
			•••••	
Records Examination Supervisi	ion Fee:\$		_	
Records Retrieval Fee: \$				
Copy Fees: \$				
Postage & Handling Fees: \$		(applicable ra	te for packaging & postage)
Date Paid:	Check []#	:	Cash []	
Staff Initials:				