

**POLICIES AND PROCEDURES
FOR EXAMINATION OF OPEN RECORDS**

1. Persons seeking public records within the control of the City of Marquette 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 8:00 a.m. – 3:00 p.m., except holidays) under the supervision of City Clerk personnel. 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 Room. City personnel 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 30 minutes. Supervision charges after the first 30 minutes shall be \$16.00 per hour.
2. It shall be the policy of the City 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. Time spent on records retrieval shall be limited to 30 minutes. Charges for records retrieval service after the first 30 minutes shall be \$16.00 an hour. Records retrieval service is limited to identifying and producing records that include or may include information being sought. 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.
4. After examination, persons seeking public records copies shall specifically and clearly indicate which records they wish to have. A Public Records Request Form must be filled out and signed by the requester.
5. City staff will make copies at the rate of \$1.00 for the first page/side and \$.10 for each additional page/page 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 have to be mailed out, a shipping and handling charge will be applied according to necessary packaging and shipping costs for the records.
6. City personnel reserves the right to require payment in advance for public records access requests. Upon completion of the request the Clerk shall refund any excess fees collected.
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 of any other governmental entity, to records requested by subpoena, or to records required by law to be kept confidential.

CITY OF MARQUETTE

PUBLIC RECORDS REQUEST FORM

Date: _____

Name: _____

Address: _____

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 Marquette 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 Marquette for misuse of this information attributable to you, the City of Marquette 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: _____



Records Examination Supervision Fee: \$ _____ (\$16.00/hour)

Records Retrieval Fee: \$ _____ (\$16.00/hour)

Copy Fees: \$ _____ (\$1.00 for first page/side 8 ½ x 11” – large copies at additional charge)

Postage & Handling Fees: \$ _____ (applicable rate for packaging & postage)

Date Paid: _____ Check [] # _____ Cash []

Staff Initials: _____