



Public Records Request Form

Town of May

P.O. Box 60 | Marine on St. Croix, Minnesota 55047

651-439-1706 | bobbi@townofmay.org

Washington County, Minnesota

Name of Requester: _____

Address of Requester: _____

Telephone and Email of Requester: _____

Date information needed: _____

Preferred Medium (paper, email, CD, etc.) _____

Specific Records being requested (with as much specificity as possible, describe what records you are requesting, including date ranges, subject/employee, project, department, etc.):

Signature of Requester: _____ Dated: _____

OFFICE USE ONLY ACTUAL NUMBER OF COPIES AND FEES

Number of Copies: _____

Fee of \$.25 per page: _____

Fee of Clerk and/or Treasurer time: _____

If records unavailable, reason: _____

PREPAYMENT

Amount of Prepayment: _____ Date Prepayment Received: _____

Date Request Received: _____

Date Request Completed: _____

Name of Employee Handling Request: _____

According to Town Code Chapter 13, updated via Ordinance 18-02, "CLERK and TREASURERS' TIME that is charged back to escrows or for requests for information requiring in excess of one-half (1/2) hour (request form must be filed with the Town Clerk, at \$50/hour." Further, \$.25 per page shall be charged.