



City of Duluth Request for Information Form

Please fill in the information below:

Date: _____

Name: _____

Address: _____

Phone: _____

E-Mail Address: _____

Record Requested and/or Description:

Please check one and sign below:

_____ I agree to pay all charges for **research, microfilm and/or photo copies** (see charges at right).

_____ I agree to pay charges for **research only** (see charges at right), and wish to inspect the records in person before any copies are made. I agree to then pay the copying charges of any records I wish copies of.

Signature

For City Use Only

Dept./Div. _____

Data Classified: _____ Public _____ Other

Request Denied: _____ Yes _____ No

If Denied, give reason: _____

Person Assigned to Fill Request: _____

Date Request Filled: _____

Charges Incurred in Filling Request: Copy Charge _____

Research Charge _____

Total: _____

City Research & Copying Charges

Research: --No charge for first 15 minutes.
--\$35.00 per hour thereafter (Attorney's Office is \$155.00 after first 1/2 hour; Library is \$25.00 after first 1/2 hour)

Photocopies: --\$.25 a copy (2-sided is \$.50 a copy)

Microfilm Copies: -- 8"x12" - \$2.00 each page
--18"x24" - \$3.00 each page