**CITY OF MANLY**
**PUBLIC RECORDS REQUEST**

**NAME:** _____ **DATE:** _____

**ADDRESS:** _____

**PHONE:** _____

Records requested are for _____ examination or _____ copied?
(There is a $.50 per page fee and an hourly fee of $10.00 for gathering, copying, and/or collating requested documents. Requests will be fulfilled by a minimum of 10 days.

**ALL FEES ARE DUE AND PAYABLE PRIOR TO SERVICE**

Please list documents requested:

_____
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Although the records you are requesting are deemed "public record" under Iowa Law, you are hereby advised that your use of 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 Manly 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 Manly for misuse of this information attributable to you, the City of Manly 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

_____
Print you name