

North Dakota Records Request Form

Requestor Identification

Last Name:

Middle Initial:

First Name:

Address:

Daytime Telephone:

Fax/Email:

City:

State:

Zip Code:

Under the North Dakota Open Records Statue, N.D.C.C. §44-04-18 et seq., I am requesting from the City Auditor of the City of Tioga, an opportunity to obtain copies of public records as described herein:

(Description of records sought. Please be as specific as public record knowledge will allow)

I am aware that the City of Tioga may impose a fee for copies at a rate of 25¢ per page, as well as \$25.00 per hour locating fee after the first hour. Additional charges such as postage, color copies, photo copies and maps may be charged separately. I understand and agree to pay such fee at time of request or prior to disposition.

If significant delay in response to or fulfillment of this request is expected, please contact me with information regarding estimated date and time I might expect copies of requested information.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Disposition:

☐Delivered ☐Denied ☐Unavailable

If unavailable or denied please explain

Signature of City Personnel

Date of Disposition

* This is not a mandatory form