



**REQUEST FOR RECORDS**  
**CITY OF LA VISTA, NEBRASKA**  
PHONE (402) 331-4343 FAX (402) 331-4375

**TO BE COMPLETED BY REQUESTER:**

Company: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**RECORD SOUGHT:** Please provide a specific description of the record(s) you desire to inspect. Include record titles and dates, as well as the names of city agencies or departments which produced or hold the record(s).

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**CHARGES:** Copy charges are set at a level to compensate the city for costs incurred in honoring your request. An administrative fee of \$15.00/half hour will be charged for any request requiring staff time in excess of 4 hours. A fee schedule for regularly requested items is posted in this office. Depending on the cost of the records requested there may be a deposit required.

The charge to you for access to the record(s) you requested is: \$ \_\_\_\_\_

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**TO BE COMPLETED BY RECORD CUSTODIAN:**

Time of Request	Date: _____	Time Access Provided	Date: _____
	Time: _____		Time: _____
Staff Time Involved:	Hours _____	Minutes _____	
Charges:	_____		
Date Picked Up:	Amount Paid _____		
GL Account Number	_____		

\_\_\_\_\_  
Signature of Record Custodian