

**CITY OF FORT PIERRE**  
08 E 2<sup>ND</sup> AVE, PO Box 700, FORT PEIRRE, SD, 57532  
605-223-7690 or admin1@fortpierre.com

**REQUEST FOR INFORMATION**  
**REQUESTER**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**INFORMATION REQUESTED**  
**(Please be specific. Only Public Information Will Be Provided.)**

Information Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Method of Receiving Information:  Mail  Email  Fax  Pick-Up in Office

**ESTIMATED COST OF PROCESSING THE ABOVE REQUEST (Completed by City Staff)**

Personnel Time (Hour): \_\_\_\_\_ @ \$25.00/hour (billed in hourly increments)  
Copying/Scanning (per page): \_\_\_\_\_ @ 0.25/page (standard or legal size – additional fee for large sizes)  
Mailing: USPS Prices Apply: \_\_\_\_\_

Total **Estimated** Cost: \$ \_\_\_\_\_

**REQUESTER SIGNATURE & AGREEMENT TO PAY ACTUAL COSTS**

I (please print), \_\_\_\_\_, request the above information and accept the cost estimate and agree to **pay the actual cost** upon receipt of the information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**INFORMATION PROVIDED**

(Completed by City Staff)

Date Request Received: \_\_\_\_\_ Request Received By: \_\_\_\_\_

Allowed: \_\_\_\_\_ Not Allowed & Reason: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Information Provided: \_\_\_\_\_

---

---

**ACTUAL COST:** \_\_\_\_\_

Personnel	Copying/Scanning	Shipping/Mailing
Minimum: \$25.00 per hour (billed in hourly increments)	\$0.25 per page (standard or legal – additional fee for larger sizes) plus sales tax (6.5%)	USPS Prices Apply No Cost for E-Mail
Total Time:	Total Pages:	
Cost:	Cost:	Cost: