



PERMITTING & INSPECTIONS

645A Pine St, PO Box 849
Burlington, VT 05402-0849

PHONE (802) 863-0442

FAX: (802) 652-4221

PUBLIC RECORDS REQUEST FORM

Person Requesting: _____ Date: _____

Daytime Phone: _____

Mailing address of Person Requesting: _____

Property Address (for which information is being requested):

In the space provided, please indicate the specifics of your request. Please include pertinent dates (ex: "from January 1, 2006 to December 31, 2008"). Be as specific as possible. If you need assistance in defining what you are looking for, we will be happy to help.

NOTICE OF ASSOCIATED FEES for providing copies of a public record: Pursuant to 1 V.S.A. 316 (d) and Acts 1996, No. 159 section 1, the following fees are established as the actual cost of providing a copy of a public record:

1. For staff time involved in physically duplicating a record, \$.33 per minute after the first 30 minutes.
2. For senior-level staff time, and information technology specialists' time spent extracting data from databases or performing similar tasks necessary to comply with a request to create a new public record, \$.57 per minute.
3. For any other staff time for which cost can be charged and collected under this section, \$.45 per minute.

Information available in alternative media forms for people with disabilities.

For disability access information call (802) 863-0450 TTY. An

Equal Opportunity Employer

4. **For photocopies, \$.05 per single-sided page, \$.09 per double-sided page for pages up to 8.5 by 14 inches.**
5. For color photocopies, \$1.00 per single-sided page.
6. **For computer-generated paper copies, \$.02 per page for pages up to 8.5 by 14 inches.**
7. For computer diskettes, \$.28 each for 3.5-inch diskettes.
8. For compact discs, \$.86 each for write-once CD w/case, \$2.31 each for rewritable CD w/case.
9. For audio tapes, \$.81 each.
10. For video tapes, \$1.69 each.
11. For DVD's, \$2.00 each for write-once DVD w/case, \$4.00 each for re-writable DVD w/case.

PLEASE SIGN BELOW to acknowledge your public records request and to indicate you have read and understand the fees associated with providing copies of a public record:

Signature of person requesting: _____

Date: _____