



## Request for Research

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Description of Records Requesting Research:

\_\_\_\_\_  
\_\_\_\_\_

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

Rate for Research: \_\_\_\_\_ Amount of Copies Requested: \_\_\_\_\_  
(please call (307)754-6902 for rate)

Approximate time for Research to be complete: \_\_\_\_\_

Due to age and fragility, not all original public records may be copied. The City will make every effort to complete a research request within a reasonable timeframe depending on the type of request and hours needed for research. Research shall be charged at the employee's hourly weight rate at a minimum of 15 minute increments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### Official Use Only

Date received Application: \_\_\_\_\_ Employee to do Research: \_\_\_\_\_

Date Research to be completed by: \_\_\_\_\_