

## EXHIBIT A

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

Name of Requesting Party: \_\_\_\_\_

Contact Information: (phone and/or email address) \_\_\_\_\_

Request: (please be as specific as possible):

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Document Review Preference: (if options are available)

☐ In person in County office/department

☐ E-mail

☐ Photocopy

☐ Other: \_\_\_\_\_

### CHARGES:

#### A. Copies

(1) \$.25 a page

(2) Any request exceeding 100 pages will be contracted out to a local printer. Charges will then be based on printer's charges to the District at printer's rates in effect at time of copying.

#### B. Postage / Shipping

(1) Actual Cost per USPS, FedEx, UPS, or other rates in effect at time of mailing or shipping.

#### C. Employee Research fee

(1) First hour - Free.

(2) Every hour after first hour – \$41.37/hour

#### D. Deposit

(1) Any request estimated to exceed \$100.00 will be required to submit a cash deposit or certified check in an amount determined by District staff based on estimated costs.

*In order to limit charges, requests should be as specific as possible. Requestor is responsible for all charges incurred by the District including any unwanted information received due to the inability to make a specific request.*