

PSR Public Service Request

Name (Print): _____
 Address: _____
 City, State & Zip: _____
 Telephone Number: _____
 Email: _____

Format	Cost				Time Spent		Research Fee			Total Amt. Due
Copies	Letter/Legal = \$.10/pg.	X	# of pages = _____	+	_____	X	Average hourly pay for clerical staff = _____	=	_____	_____
CD or other media	Cost of media = _____	X	quantity = _____	+	_____	X	Labor = _____	=	_____	_____

Research	Hourly Wage of person performing research: _____	Amount of time spent: _____	Total cost (Wage x Time) = _____
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Please include detailed description of your request for data and what it is to be used for:

X _____
Signature
Date of Request

Request taken by: _____ Deputy Clerk.

***** For Office Use Only *****

Date Completed: _____ By: _____

Total Cost: \$ _____ Date Paid: _____

Rec'd by: _____ Treasurer's Office Receipt #: _____