Town of Moorcroft
108 S. Little Horn Ave.
PO Box 70
Moorcroft, WY 82721
307-756-3526
307-756-3472 (f)

PUBLIC RECORDS REQUEST FORM

Name: _____ Date: _____
First Last

Address: _____
Mailing Address

City: _____ State: _____ Zip: _____

Company: _____ Fax #: _____

Phone: _____ Email: _____

Request Made: ☐ In Person ☐ In Writing ☐ By Email ☐ Telephone ☐ Fax

Delivery Method Preferred: ☐ Inspection ☐ Copies ☐ Mailed ☐ Pick-up

Description of Information Requested: Please be as descriptive and thorough as possible.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Purpose of Request

☐ Personal ☐ Commercial ☐ Litigation

The Town of Moorcroft will attempt to provide the information request within a responsible time. Please note that some requests may require additional research that may prolong the time in which you will receive your request. If an extended request period is anticipated, you will receive notification of the anticipated completion date.

If the request is urgent, please identify the date desired: _____

Identifying this target date does not guarantee that your request will be granted by this date.

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Town of Moorcroft Public Records Request Fee Schedule (Resolution 3-2024)

Photo Copies:	$1.00 – 1st page, 25¢ per additional page
Color Copies:	$1.75 – 1st page, and 50¢ per additional page
Faxes:	$3.00 – 1st page, $1.00 per additional page
Plotted Maps:	$8.00
Budget Copy:	Cost to Produce
Records Requests:	Cost of Copies, $23 hourly/$6.00 minimum, plus any additional overtime
Certified Copies:	$5.00 per copy
Notary:	$5.00 per notarized document
Reports:	$10.00 per report or cost to produce

Signature

I understand there may be charges for the duplication of these records. I agree to pay all applicable fees and charges for the requested information as identified above in the fee schedule, or any costs to contract.

Payment must be received before the request will be released. Payments must be received up front for requests estimated at a cost over $50.00 or requiring more than two hours of research time.

Would you like the Town to contact you regarding the charges before processing your request?

☐ Yes ☐ No

Signature: _____ Date: _____

OFFICE USE ONLY

Request Granted

Date Received: Request Completed:

Approval of Release of Records:

FEES

Copies: _____ Research Fees: _____

Fax: _____ Maps: _____

Budget: _____ Certification: _____

Color Copies: _____ Reports: _____

Postage: _____ Audio CD: _____

Request Denied

Date Received: _____ Request Completed: _____

The Town of Moorcroft is denying inspection or copying of these records. Access is denied pursuant to Wyoming State Statutes §16-4-201 (a)(v) to §16-4-204, attached to this form. This statute has identified this information as non-disclosable.