



RECORDS REQUEST FORM

City of Williston
PO Box 1306, Williston, ND 58801
cityauditor@ci.williston.nd.us

REQUEST FOR PUBLIC RECORDS

Name: _____ Date Requested: _____

Phone: _____

Choose preferred delivery method for your approval notification:

Send via Email Email Address: _____

Send via post office Mailing Address: _____

Call for pick up

Description of records/documents requested, include date range, if possible:

Fees: .25¢ per page, plus mailing cost if applicable, plus \$25.00 per hour after the initial hour required for locating records per NDCC 44-04-18; exception applies to Accident Forms, per NDCC 39-08-13. For any copy of a record that is not a paper copy, an additional fee may apply.

CD-R: .50¢ \$ _____

Thumb Drive: \$12.70 \$ _____

.25¢ per page x _____ = \$ _____

Postage \$ _____

Fed Ex: \$23 \$ _____

Credit Card Fee: \$3.00 \$ _____

Hourly Fee \$25 x _____ = \$ _____

Total Fee for this request: \$ _____

PBA # _____
(fund 100-341300)

Completed by:

Employee

Completion Date: _____