



# Charles Mix County

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www.charlesmixcounty.org

## Public Records Request Form

Please complete the following:

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

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Information Requested: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

For County Use:	Fees	Costs
Email/Print in B&W:	\$1.00/page	@ _____ pages \$ _____
Email/Print in Color:	\$2.00/page	@ _____ pages \$ _____
Over an hour of time:	\$30.00/hr + per page	@ _____ hours \$ _____
If mailing:	Postage costs + per page	Postage/Flash Drive \$ _____
Flash Drive:	\$50.00 + per page	Total \$ _____
Received Date: _____ Deposit Date: _____ Account: <u>101-341.14</u>		
Department/Staff: _____ Complete Date: _____		