



PO Box 1306
Williston ND 58802-1306
Phone: 701-577-8100
Fax: 701-577-8880
cityauditor@ci.williston.nd.us

City of Willison Request for Records

Name _____

Address _____

Phone _____

Email _____

Specific document/s sought:

1. _____

2. _____

3. _____

FEES:

\$.25 cents 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.

Total Fee for this request: \$ _____

Signature: _____

Date: _____

Record/s Provided by: _____

Date: _____

City Employee