



RECORDS REQUEST FORM

City of Williston  
PO Box 1306, Williston, ND 58801  
[cityauditor@ci.williston.nd.us](mailto: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                                \$ \_\_\_\_\_

Credit Card Fee: \$3.00            \$ \_\_\_\_\_

Total Fee for this request:        \$ \_\_\_\_\_

Completed by:

\_\_\_\_\_  
Employee

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