



130 West Essex Ave – PO Box 190

Salem SD 57058 – 605-425-2791

Attention: _____ (Records Custodian)

Public Records Request Form

Please complete the following:

Name: _____

Organization: _____

Mailing Address: _____

Phone: _____

Email: _____

Specific Documents Requested: _____

Signature: _____

Print Name: _____

Date: _____

For County Use:	Fees	Costs		
Email/Print in B&W:	\$1.00/page/parcel	@_____	pages	\$_____
Email/Print in Color:	\$2.00/page	@_____	pages	\$_____
Hourly Rate:	\$30/hr. + per page	@_____	hours	\$_____
If Mailing:	Postage costs + per page		Postage/Flash/Tax	\$_____
Flash Drive:	\$50.00 + per page + hr. rate		total:	\$_____
GIS Layer	\$350			\$_____
			Subtotal	\$_____
			Sales Tax:	\$_____
			TOTAL:	\$_____
Received Date:		Dept./Staff:		