

Town of Rolling Hills
Request for Documents

Name: _____
Mailing Address: _____
Documents _____
Requested: _____

Please allow three to four business days to pick-up or receive the requested documents. Copy charges and postage charges (when applicable) must be paid in full prior to delivery of the documents. Copies are charged at the rate of \$1.00 for the first page and \$0.10 per page thereafter. Copy charges will not be generated until after completion of project.

Date Requested: _____
Date Completed: _____

Copy Charges: _____
Postage Charges: _____
Total Charges: _____

Paid by Cash _____ Check _____ No _____ Receipt No _____

Date of Delivery: _____
Mailed _____ Picked Up _____

Requestor
Signature: _____

Clerk: _____