



PUBLIC RECORDS REQUEST

Name of Requestor:

Address:

City:

State:

Zip:

Phone Number:

Phone Number:

E-Mail Address:

Title of Record:

Date of Record:

Location:

Please describe the records you are requesting and any additional information that will help us locate the record for you as quickly as possible. Failure to provide information sufficient to identify the records may cause delay.

Description of Record:

I understand there may be charges of \$0.15 per page for duplication of these records.

I wish to have copies/duplicates of the records indicated above.

I wish to make an appointment to review the records indicated above before copies are made.

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes.

Signature:

Date: