PUBLIC RECORDS REQUEST FORM

DATE REQUESTED:_____

REQUESTOR'S INFORMATION:

Name:_____

Address:_____

Phone:_____

Email:_____

Requestor's Signature:_____

INFORMATION REQUESTED: (PROVIDE AS MUCH DETAIL AS POSSIBLE TO EXPLAIN THE REQUEST)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Additional Costs May Be Charged for Copies and Personnel Time: Yes No (circle one)

FOR OFFICE USE ONLY

Date Received: Received By:

Immediate Response:

_____