PUBLIC RECORDS REQUEST FORM

This section must be completed by the requesting person, business or agency. Please Print Clearly

Name ____________________________________________
Agency __________________________________________
Address ____________________________________________________________________________
City, State, ___________________________ Zip ________
Daytime Phone ______________________________________________________________________
Cell Phone _________________________________________________________________________
Email ______________________________________________________________________________

Date of Request ________________________
Request Made____ In Person_____ In Writing____ Telephone____ Fax____ Email____
Request Received by: _________________________________________________________________

Description of Request
Please be as specific as possible with the type of information you are requesting; time period, document title, etc. (attached additional pages, as needed).

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Action Requested_____ Inspection_____ Copy
There is no charge for records inspection. Copy charges are $0.15 per page.