

PUBLIC RECORDS REQUEST FORM

NAME:

Optional

ADDRESS:

Optional

PHONE:

FAX:

E-MAIL:

Optional

TIME OF REQUEST:

DATE OF REQUEST:

NATURE OF REQUEST:

INTERNAL ONLY:

AGENCY:

CONTACT PERSON:

PHONE:

FAX:

Documents reviewed for confidential items/exemptions:

Yes:

No:

Attorney's Office Notified:

Yes:

No:

Cost:

1st 30 copies per month @ no charge

\$ 00.00

Additional copies @ .15 each

TOTAL

Check #

Cash / receipt

Signature of person providing Public Records:

Date

See Page 2

