

REQUEST FOR/ACCESS TO PUBLIC RECORDS

Department _____ Division _____

Person Receiving Request/Date _____

Date _____

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

If emergency request, indicate date desired: _____

RECORDS REQUESTED:

Title of Record _____

Date of Record _____

Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible.

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

Signature _____

Number of copies _____

Number of pages _____

Per page charge _____

TOTAL CHARGE _____