



Office use only
(Date stamp when received)

Request for Public Records

Please provide the following information so that your request for public records may be processed. There may be a charge to provide copies of the requested records payable in advance at the rate of 15 cents per copy. You will be notified in advance of any charge for copies.

REQUESTED BY:

Name: _____ Phone Number: _____

Agency / Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

List of Documents Requested (be specific): _____

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

Signature

Date

(Staff Use Only)

Number of Copies: _____

Records Copied: _____

Charge per Page (15¢): _____

Total Charges = _____
