



## Request for Public Records

\_\_\_\_\_  
Requestor's Name (Please Print)

Date of Request: \_\_\_\_\_

\_\_\_\_\_  
Address

I wish to:  
Inspect Only  Receive Copy  Both

\_\_\_\_\_  
City State Zip

Is this request for a Commercial Purchase?  
Yes  No

( ) \_\_\_\_\_  
Phone Number

X \_\_\_\_\_  
Requestor's Signature

Description of Requested Records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15 cents per page.

Your request has been approved: \_\_\_\_\_ Page @ .15 cents each (after 50): \_\_\_\_\_

Your request has been denied: \_\_\_\_\_ Total Paid: \_\_\_\_\_

Date of Response: \_\_\_\_\_ There is no charge to inspect the records

Name: \_\_\_\_\_ Requestor Notified: \_\_\_\_\_

I have received and/or inspected the public records I requested:

X \_\_\_\_\_  
Your Signature Date