



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 Purpose?
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