



PUBLIC RECORDS REQUEST

PLEASE PRINT

Name: _____ Date/Time of Request: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number (Day): _____ (Evening): _____

Fax Number (if needed): _____

Please list each requested document(s) and be as specific as possible. Include special requests if you require signed copies, certified copies, exhibits, or other attachments (attach additional sheets if necessary).

Having received the foregoing cost estimate I choose to confirm my request for the records described and agree to pay the charges at the time the records are made available.

Yes No - Cancel request Waive estimate if applicable

Date

Signature

