

REQUEST FOR PUBLIC RECORD

Please Type or Print

Name/Organization :	Phone:
	Fax: Email:
Mailing Address:	
City/State:	Zip:

Describe the public record(s) requested as specifically as possible (license/file numbers, dates/addresses/locations, social security numbers, etc.) If necessary, attach/include additional pages, letters, etc.

Signature:	Date:
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Office Use Only

Do you wish to examine it or to receive a copy?

Examine: _____ Receive a copy: _____

Cost Assessment:

Mailing \$ _____

Labor

(to nearest 1/4 hr) \$ _____

Duplication \$ _____

Total Due: \$ _____

Date: _____

Person Receiving Request