



DATE: _____

REQUESTOR'S NAME: _____

IS THIS REQUEST FOR A COMMERCIAL PURPOSE? YES NO

ADDRESS: _____

NUMBER	STREET	CITY	STATE	ZIP
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PHONE: _____ - _____ - _____

EMAIL: _____

RECORDS SOUGHT (Be Specific):

REQUESTERS SIGNATURE: _____

Please note: The first 50 pages requested are free, \$0.15 per copy after 50 pages. All responses to a request for public record will be within five business days after its receipt. For voluminous requests the time for response may be extended for an additional five business days.

RESPONSE DATE:

RECORDS MADE AVAILABLE: ☐ EMAIL ☐ MAIL ☐ FAX/PHONE ☐ IN PERSON

REQUEST DENIED, AND REASON: ☐ _____

COPIES MADE: YES NO

NUMBER:

FEE PAID: \$

OTHER ATTACHMENTS:

Mon., Tue. Fri. 8:00 a.m. – 12:00 p.m.
Wed. & Thu. 1:00 p.m. – 5:00 p.m.