

**PUBLIC RECORDS REQUEST**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ BUSINESS TELEPHONE: \_\_\_\_\_

\_\_\_\_\_ I wish to obtain a copy of the following record(s): (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I wish to review the following record (s): (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please be specific to your request as generalizations are not adequate to process a request. Specifics allow us to properly identify the record that will fulfill your request.*

I understand I will be contacted within 24 hours for requests made in person or seven days for written requests, excluding weekends and holidays, as to when I may view these records, or if additional time is needed to fulfill your request. I also understand if I request a copy made of these records, the copies will be provided to me at cost. I further understand I am not allowed to remove any record(s) from the office where they are maintained.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

\*\*\*\*\*

*To be completed internally:*

The records you wish to review and/or copy will be available on \_\_\_\_\_ at the administration office.

\_\_\_\_\_  
Records Officer\_\_\_\_\_  
Date

\*\*\*\*\*

**RECEIPT/ACKNOWLEDGEMENT FORM**

I hereby acknowledge that I have been given copied of and/or have been permitted to review the public records requested above.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date