



PUBLIC RECORDS REQUEST

Name: _____

Address: _____

Telephone: _____

E-mail: _____

_____ I wish for a copy of the following record(s):

_____ I wish to review the following record(s):

I understand I will be contacted within five (5) days, excluding weekends and holidays, as to when I may view these records. 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: _____