

REQUEST FOR PUBLIC RECORDS

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Public Record Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$15.00 Research Fee

CD, DVD, USB all must be paid for

\$.25 per Page Will Be Charged

Or

You May Bring Your Own Copier and Paper

Date Completed: \_\_\_\_\_

\_\_\_\_\_

Signature of Person Requesting Copies