Public Records Request

Request was made:  ☐ In Writing  ☐ By Phone  ☐ By E-mail  ☐ In Person

Date of Request: ______________________  Time of Request: ______________________

Name of Designee Receiving Request: ____________________________________________

Name of Applicable Records Custodian: ____________________________________________

Name of Requestor (optional): ___________________________________________________

Contact Information (optional): __________________________________________________

Information being Requested:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Record to be received by Requestor by:

☐ U.S. Mail (Address: ____________________________________________________________)

☐ E-mail (E-mail Address: ________________________________________________________)

☐ In Person (Date of Pick-up: __________________________)

☐ Fax (Fax Number: __________________________)

Medium of Request:  ☐ Physical Inspection  ☐ Paper Copy  ☐ E-mail  ☐ Computer Disk

☐ Other format (please specify: __________________________________________________)

Amount Due: $_________________________  Amount Paid (due in advance): $____________________

Date Request Completed: __________________________

Completed By: ______________________________________

Date Copy of Records Given to Requestor: __________________________

Original 11/15/07; Rev. 7/31/17, Rev 9/20/17