

PUBLIC RECORDS REQUEST

REQUESTOR ID #: _____

DATE OF REQUEST: _____

PHONE NUMBER: _____
(IF YOU WOULD LIKE US TO CONTACT YOU WHEN THE REQUEST IS FULFILLED)

ITEMS/INFORMATION REQUESTED:

OF COPIES: _____

TOTAL: _____

PAID: Y OR N

SIGNATURE OF REQUESTOR (OPTIONAL)

SIGNATURE OF OFFICIAL FULFILLING REQUEST

DATE RECORD FILLED: _____