H150-E2

REQUEST FOR PUBLIC RECORDS

Requestor Name			
Company Name			
Street Address			
City, State, Zip			
Telephone		Email	
Public record requested (please identify in detail)			

Signature_____ Date_____ Time_____

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

Date and time request received _____

By _____

Granted in full
Record(s) enclosed ☐ Granted

Denied in full ☐ Denied

Reason for denial:

Granted in part ☐ Granted in part

Reason for partial denial:

Approving: