



# PUBLIC RECORDS REQUEST

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE : \_\_\_\_\_

\_\_\_\_\_ I wish a copy of the following record(s): (specify)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I wish to review the following record(s): (specify)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand I will be contacted within \_\_\_\_\_ 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 and record(s) from the office where they are maintained.

\_\_\_\_\_  
Signature Date

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The records you wish to review and/or copy will be available on \_\_\_\_\_ at the administration office.

\_\_\_\_\_  
Records Officer Date

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## RECEIPT/ACKNOWLEDGEMENT FORM

I herby acknowledge that I have been given copies of and/or have been permitted to review the public records requested above.

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Signature

Date