PUBLIC RECORDS REQUEST

Name:____

Address:____

Telephone:________________________ Business Telephone:_________________________

_____ I wish a copy of the following record(s): (specify) ___________________________
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____

_____ I wish to review the following record(s): (specify) ___________________________
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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 any record(s) from the office where they are maintained.

____ _________________________
Signature Date

* *

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

____ _________________________
Records Officer Date

* *

RECEIPT/ACKNOWLEDGEMENT FORM

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

____
Signature Date