

REQUEST FOR PUBLIC RECORDS

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

RECORD REQUESTED.

TITLE OF RECORD _____

DATE OF RECORD _____

1. I certify that the list of individuals obtained through this request for public records will not be used for commercial purposes.
2. I understand that I must pay \$5.00 per tape copy at the time of request, I will then receive the requested tape(s) within seven working days.
3. A completed request form is to be presented in person. No mailed or faxed copies will be accepted.

SIGNATURE _____

PLEASE PRINT NAME _____

NUMBER OF COPIES _____

TOTAL CHARGE _____