

*REQUEST FOR PUBLIC RECORDS*

NAME: \_\_\_\_\_  
*(Optional – Not Required)*

ADDRESS: \_\_\_\_\_  
*(Optional – Not Required)*

TELEPHONE: \_\_\_\_\_  
*(Optional – Not Required)*

REQUEST FOR  
(SUBJECT): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE AND TIME REQUEST RECEIVED: \_\_\_\_\_

DATE AND TIME RECORDS FURNISHED: \_\_\_\_\_

NUMBER OF COPIES MADE: \_\_\_\_\_

CHARGE: \_\_\_\_\_

PAID BY:        CHECK \_\_\_\_\_

                  CASH \_\_\_\_\_

\_\_\_\_\_  
**EMPLOYEE / DEPARTMENT PROVIDING ASSISTANCE**