



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