

# Public Records Request

Name & Address of Public Body Receiving Request: \_\_\_\_\_

\_\_\_\_\_

Date Requested: \_\_\_\_\_

Request Submitted By: \_\_\_\_\_ Email \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Fax \_\_\_\_\_ In Person

Name of Requester: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/CountyZip (required): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Records Requested: \*Provide as much specific detail as possible to the public body can identify the information that you are seeking.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you want copies of the documents? YES or NO (.25 per page for copies)

Do you want electronic copies or paper copies: \_\_\_\_\_

If you want electronic copies, in what format: \_\_\_\_\_