



## PUBLIC RECORDS INFORMATION REQUEST

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

REQUEST (*DETAILED DESCRIPTION PLEASE*): \_\_\_\_\_

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### FOR OFFICE USE ONLY:

REQUEST:     APPROVED         DENIED (*EXPLANATION REQUIRED*):

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DATE SUBMITTED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

DATE PICKED UP: \_\_\_\_\_

FEE AMOUNT (\$0.25 PER PAGE FOR COPIES): \_\_\_\_\_

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