



REQUEST FOR ACCESS TO PUBLIC RECORDS

Name of Requestor:

Address:

City: State: Zip: Phone:

E-mail Address: Fax:

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE YOUR RECORDS:

- In Person Mail E-mail Fax

RECORDS REQUESTED: SHOW TITLES AND DATES OF RECORDS AND PROVIDE ANY ADDITIONAL INFORMATION THAT WILL HELP US LOCATE THEM QUICKLY.

Signature: Date:

For City Use

Department: Division:

Received By: Date:

Number of Pages: Cost per Copy/CD/DVD:

Number of Copies: TOTAL CHARGE:

I have been provided access to the above described record(s).

Signature of Requestor: Date Records Received:

Released by: Form of Payment:

Amount Received: