

## REQUEST FOR PUBLIC RECORDS

I request to examine  [ ]  
I request to copy  [ ] the following records:

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\_\_\_\_\_  
Name (Please Print)

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City Zip ST

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Daytime Phone Number

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Public Agency: \_\_\_\_\_

\_\_\_\_\_  
Initial if Applicable More than three working days are needed to locate or retrieve the requested records. A response shall be provided within ten (10) working days of the request.

Payment received for \_\_\_\_\_ Copies

\_\_\_\_\_ Labor

Amount Received \_\_\_\_\_

Receipt Number \_\_\_\_\_