

**PUBLIC RECORDS REQUEST**

\*\*Note to Requester: Retain a copy of this request for your files.

Name and Address of Public Agency or Official Receiving Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

City/State/County/Zip (required): \_\_\_\_\_

Telephone (Optional): \_\_\_\_\_ E-mail (Optional): \_\_\_\_\_

Fax (Optional): \_\_\_\_\_

Records Requested: *\*Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want copies of the documents?      YES    -or-    NO

--Do you want Electronic Copies or Paper Copies? \_\_\_\_\_

--If you want Electronic Copies, in what format? \_\_\_\_\_