PUBLIC RECORDS REQUEST

Name of Requester (Optional, unless records being mailed)	**Today's Date**
Street Address	**City, State, ZIP**
Phone Numbers (please indicate cell, land line, or pager)	**E-mail Address**

INFORMATION REQUESTED*: Please be specific*. Records sought must be identified with sufficient clarity in order to allow this office to identify, retrieve and review the records. The records custodian is available to assist by advising you of the manner in which records are kept.

Type of Record Requested _____

Relevant Date(s) _____

Description_____

_____

COMPLETED RESPONSE

Date Requester Notified _____
By:_____ **Via:** _____
(Employee) (Phone #, mail, e-mail)

Date Response Mailed, Picked Up, or Inspected (Circle one) _____

Total Cost $_____
including actual postage cost of $_____

Number of copies requested _____@ $1.00 Per Page	**Total fee $**_____
Copies of other materials _____@	**Total fee $**_____

If copies requested are not paid for within 30 days of request, the fees will double and permits will be suspended until paid in full.