



Request for Public Records

Name of Requestor/Legal Counsel:			
Address:	City:	State:	Zip:
Phone:	Email:		

Request Information - Please describe in detail the type of records requested.

<input type="checkbox"/> Request to review records	<input type="checkbox"/> Request for copies of records (copy charges may apply)
Type of records (specific names, addresses, site information, etc.): _____ _____ _____ _____	
Specific date or time period for requested records:	
Additional information about the records you're seeking: _____ _____	

By signing this form, you certify that lists of individuals obtained through this request will not be used for commercial purposes.

Signature _____ Date

Internal Use Only		
Request forwarded to:	Division:	Date forwarded:
Request processed by:	Date processed:	
<input type="checkbox"/> Request approved		
<input type="checkbox"/> Request denied. Reason:		
<input type="checkbox"/> Request not applicable. Reason:		
If approved:	Review – The following records were released for review: _____ _____	
	Copies – We provided copies of the following records: _____ _____ _____	Invoice Amt.:
		Invoice No.: