



***REQUEST FOR PUBLIC RECORDS***

**NAME:** \_\_\_\_\_  
*(Optional – Not Required)*

**ADDRESS:** \_\_\_\_\_  
*(Optional – Not Required)*

**TELEPHONE:** \_\_\_\_\_  
*(Optional – Not Required)*

**REQUEST FOR  
(SUBJECT):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE AND TIME REQUEST RECEIVED:** \_\_\_\_\_

**DATE AND TIME RECORDS FURNISHED:** \_\_\_\_\_

**NUMBER OF COPIES MADE:** \_\_\_\_\_

**CHARGE:** \_\_\_\_\_

**PAID BY:**       **CHECK**       \_\_\_\_\_

**CASH**       \_\_\_\_\_

\_\_\_\_\_  
**EMPLOYEE / DEPARTMENT PROVIDING ASSISTANCE**