Public Records Request Form

This form is not mandatory. You are not required to make a written request or provide your identity, but this form will help us fulfill your request in a timely manner.

Name_________________________ Date________________

Address_______________________ City______________ State____ Zip_____  
Phone Number___________________ Email__________________________

Please describe what records you would like to review:

How would you like to view the records?

☐ Inspect the records in person
☐ Email me the records at the email address above
☐ Mail me the records at the address above
☐ Make a compact disk or paper copies of the records that I may pick up

Potential costs:
$.10 per paper copy
$1 per compact disk
Mailing costs may vary depending upon size and postal rate

Employee Handling Request_________________________ Date Fulfilled _____________