



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)
Method of delivery: <input type="checkbox"/> In-person <input type="checkbox"/> Email <input type="checkbox"/> Regular Mail <input type="checkbox"/> Fax: () _____	
<input type="checkbox"/> Electronically (Public Records Request portal)	
Type of records (specific names, addresses, site information, etc.): _____ _____ _____ _____ _____	
Keywords for search: _____	
Specific date or date range of 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		
Reference No.:		
Request forwarded to:	Division:	Date forwarded:
Request processed by:	Date processed:	
<input type="checkbox"/> Request approved		
<input type="checkbox"/> Request denied/not applicable. Reason:		

