

# PUBLIC RECORDS REQUEST

Name of Requestor (optional) \_\_\_\_\_

Address (optional) \_\_\_\_\_

Telephone (optional) \_\_\_\_\_

**Records Description (be specific):**

Subject / Title	Date	Type of Record
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# of copies requested: \_\_\_\_\_

Date Needed: \_\_\_\_\_

**(for office use only)**

Received by \_\_\_\_\_ Date \_\_\_\_\_ Completed \_\_\_\_\_

Assigned to: \_\_\_\_\_ Time Spent \_\_\_\_\_

Additional Information \_\_\_\_\_

Cost \_\_\_\_\_ Date Mailed / Delivered / Picked up \_\_\_\_\_

Finance Coding: \_\_\_\_\_