



Public Records Request Form

I request: to examine to copy to receive an electronic copy of the following records:

Name (Please Print)

Mailing Address:

Date of Request

Daytime Phone Number

Received By: _____

Date Received: _____

Public Agency: _____

We will respond to this request within three (3) working days. However, we reserve the right to take an additional seven (7) working days to provide the request.

Payment received for _____ copies:

Amount Received

Received By