

## Public Records/Information Request Form

I am making a public records' request for the following documents:  
(Please be as specific as possible.)

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

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

- You will be contacted when the information is available for you to review along with instructions as to location of the information.
- If a cost is associated with the request, you will be notified prior to any charges being incurred.
  - Standard copies are \$0.15 per impression with non-standard copies at county's cost. Data processing surcharges will be collected, if incurred.