

**Request for Public Records**

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: \_\_\_\_\_

\_\_\_\_\_ Initial if Applicable: More than three (3) working days are needed to locate or retrieve the requested records. A response shall be provided within ten (10) working days of the request.

Payment received for \_\_\_\_\_ copies \_\_\_\_\_  
Amount Received

Payment received for \_\_\_\_\_ labor \_\_\_\_\_  
Amount Received

\_\_\_\_\_ Receipt Number