

Request for Public Records Application Form

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Name _____ **Date** _____

Organization (if applicable) _____

Mailing Address _____

City, State, Zip _____

Home/Business Phone # _____

Request made via **----Office visit** **----Correspondence** **----Fax**

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Description of Public Record(s) Requested (Be specific) _____

Photocopy Fee: \$.75 per page.....First ten pages
 \$.50 per page.....Second ten pages
 \$.25 per page.....Each additional page over twentieth page

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FOR OFFICE USE ONLY

Total pages _____

Total Cost _____

Completion date _____

Completed by _____