

PUBLIC RECORD REQUEST FORM

(Please Print Legibly)

DATE OF REQUEST: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

REQUEST REPSONSE: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR (Optional):_____

ADDRESS (Optional):_____

CITY/STATE/COUNTY (Required):_____

TELEPHONE NUMBER (Optional)_____

RECORDS REQUEST*

*Provide as much specific detail as possible so the agency can identify the information. (For more space, continue on back of form.)

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INPSECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

INSTRUCTIONS: Mail Pick-up Fax Disc

Signature of Authority Representative(When request is filled)_____

.....(For Office Use Only):.....

Copies _____ Postage _____ Disc _____ Certification _____ Fax _____
(\$.25/page side) (Actual cost for mailing) (\$1.00/disc) (\$2.00/certification) (\$.50/fax page)

Reasonable fees to cover other types of actual costs such as data conversion, electronic access, etc._____

Retrieval Fee _____ **TOTAL COST** _____
(\$ 23.00/hour with \$5.75 minimum)

DATE INFORMATION: Mailed _____ Picked up _____ Faxed _____

RIGHT-TO-KNOW OFFICER/APPROVAL: Mr. Cory R. Miller _____

DATE RECEIVED BY THE AGENCY: _____

RESPONSE DUE DATE: _____

PAYMENT MUST BE MADE BEFORE DOCUMENT COPIES ARE RELEASED
[CASH, CHECK (\$25.00NSF Charge) OR MONEY ORDER ONLY]