

# Public Records Request Form

Attention Requestor: All public record requests must be made in writing. To expedite your request for public records, please fill out this form completely and identify specifically the type of records you are requesting.

\_\_\_\_\_  
**First & Last Name (Please Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name of Organization (if applicable)**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Daytime Phone Number**

\_\_\_\_\_  
**Date & Time of Request**

**Requested Information/Records** (Please be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR STAFF USE ONLY**

Approved  Disapproved

\_\_\_\_\_  
**(Authorized Official)**

**Date Processed:** \_\_\_\_\_

**# of copies:** \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

**Estimated Staff time:** \_\_\_\_\_ hours @ \_\_\_\_\_ = \_\_\_\_\_

**If disapproved, specify reason for denial below.**

\_\_\_\_\_  
\_\_\_\_\_