

PUBLIC RECORDS REQUEST

Name: _____

Address: _____

Telephone: _____ Business Telephone: _____

_____ I wish a copy of the following record(s): (specify) _____

_____ I wish to review the following record(s): (specify) _____

I understand I will be contacted within _____ days, excluding weekends and holidays, as to when I may view these records. I also understand if I request a copy made of these records, the copies will be provided to me at cost. I further understand I am not allowed to remove any record(s) from the office where they are maintained.

Signature Date

The records you wish to review and/or copy will be available be on _____ at the administration office.

Records Officer Date

RECEIPT/ACKNOWLEDGEMENT FORM

I hereby acknowledge that I have been given copies of and/or have been permitted to review the public records requested above.

Signature Date

PUBLIC RECORDS INSPECTION/COPYING RECORD

Requestor (if known): _____

Date of Inspection/Copies Provided: _____

INSPECTION

Inspection Monitored By: _____

Time Spent: _____ Date: _____

COPIES

Records Refiled by: _____ Time Spent: _____

Copies Made By : _____

Time Spent: _____ Date: _____

No. of Pages: _____ Total Fee: \$ _____ Payment Received: _____

ATTACH TO 8310 F1 AND FILE

12/04