



## REQUEST FOR PUBLIC RECORDS FORM

Date of Request: \_\_\_\_\_

Time of Request: \_\_\_\_\_

Name of Person making Request: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Where person making request can be located: \_\_\_\_\_

\_\_\_\_\_

Public record(s) being requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person making request: \_\_\_\_\_

Signature of person making request: \_\_\_\_\_

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*To be completed by Michele McMahon, Custodian of Records –*

Estimated cost for document search and duplication: \$ \_\_\_\_\_