Open Records Request

Name of person requesting information: ____________________________________________

Address:  ________________________________________________________________

Telephone: ______________________________________________________________

Email:  ________________________________________________________________

Describe the information requested (be specific): __________________________________

Sign signature  ____________________________________________________________

Date  ________________________________

Note:
1. If the information requested is not immediately available, you will be notified of a
   time to obtain the information within ten days
2. Please refer to Open Records Pricing Sheet for cost

FOR OFFICE USE ONLY

Date Received:  ______________________________________________________________

Information Supplied:  ______________________________________________________

Method of Delivery:  _______________________________________________________

Total Fees:  ______________________________________________________________

Signature Upon Completion of Request:  _______________________________________

Date Completed:  ____________________________________________________________