

# Public Records Request Form

## REQUESTOR INFORMATION

_____	_____
Name (Last, first, middle initial)	Date
_____	_____
Company Name	Email Address
_____	_____
Street address, City, ST, ZIP Code	Telephone Number
_____	_____
	Fax Number

### Type of Request

- Access/View Only       Paper Copy       Electronic Copy       Fax Copy

Please describe records requested **in detail**.

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

Please list affiliations (news media, educational institution, corporation, individual, etc.) and reason for records request:

_____	_____
Name	Reason for request
_____	_____
Name	Reason for request

Additional Information

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

### For Administrative Use Only:

_____	_____
Action taken	Date received
_____	_____
Action taken	Date
_____	_____
Action taken	Date

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

Attach additional documentation, if applicable.