

Open Records Request Form

Date Requested: _____ Person Requesting Information: _____

Company: _____

Address: _____

Phone Number: _____

Requested Documents: _____

(Please be specific)

Requested Format / Delivery of Documents: *Please Check*

Mail [Hard Copy]: *Documents will be mailed to the address above*

Mail [Disk/CD]: *Media will be mailed to the address above*

Email: Email Address: _____

Fax: Fax Number: _____

Pick-up: *Please Check* Hard Copy Disk/CD

Other: _____

Signature of Requestor [Required]

Date

Date Received: _____

Completed By: _____

Date Completed: _____

Notes: _____

By signing below, I acknowledge receipt of the above requested information.

Signature of Receiver

Date

