

OPEN RECORDS REQUEST FORM

DATE _____

NAME _____

STREET ADDRESS : _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE
(Optional): _____

E-MAIL ADDRESS _____

DESCRIPTION OF RECORDS: (For more space, continue on back)

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

INSTRUCTIONS: PICK-UP MAIL FAX
(Choose One)
 PAPER DISK (Choose One)

Note: Act 3 of 2008 provides a Municipality is not required to create a record that does not exist or put a document into a format that does not exist.

SIGNATURE _____

For Office Use Only:

DATE RECEIVED: _____ RESPONSE DUE: _____

Copies _____ Postage _____ Disk _____ Fax _____

TOTAL COST _____

DATE REQUEST FULFILLED: Picked Up _____ Faxed _____ Mailed _____

RIGHT TO KNOW OFFICER SIGNATURE _____