

Open Records Request Form

Date Requested: _____ Person Requesting Information: _____

Section A

Company: _____

Address: _____

Phone Number: _____

Section A

Section B

Requested Documents: _____

(Please be specific)

Section B

Section C

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: _____

Section C

Signature of Requestor [Required]

Date

Acknowledgement After Receipt

Date Received: _____

Completed By: _____

Date Completed: _____

Notes: _____

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

Signature of Receiver

Date

Acknowledgement After Receipt