



**ACCESS TO PUBLIC RECORDS REQUEST**

NAME OF REQUESTING PARTY: \_\_\_\_\_

COMPANY (if applicable): \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME (if requesting in person): \_\_\_\_\_

Please identify the records requested with *reasonable particularity*. Describe the records with enough detail so that we can adequately respond to your request.

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There will be a copying fee of \$0.10 per page associated with your request. Please include your e-mail address if you wish to receive electronic records.