



OPEN RECORDS REQUEST

Date: _____

Time: _____

Type of information/document requested:

Requesting party's name: _____

Requesting party's address: _____

Phone number: _____

Signature: _____

(OFFICE USE ONLY):

Signature of person receiving request: _____

Name(s) of person(s) filling request: _____

Time spent filling request: _____

Cost for copies of request: _____

Date request was filled: _____