

OPEN RECORDS REQUEST

Date: \_\_\_\_\_

Name and Address of Requester:

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Items requested: (Detail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of information sent to requester: \_\_\_\_\_

How the information was sent: Mail Pick up Fax Email

Number of Pages: \_\_\_\_\_

Cost of open records request \_\_\_\_\_