

**OPEN RECORDS REQUEST FORM**

DATE OF REQUEST \_\_\_\_\_

REQUESTER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PROVIDE A CLEAR DESCRIPTION OF RECORDS BEING REQUESTED \_\_\_\_\_

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

DISTRIBUTION INSTRUCTIONS: PICK-UP \_\_\_\_\_ MAIL \_\_\_\_\_

SIGNATURE OF REQUESTER \_\_\_\_\_

For Office Use Only:

Copies \$ \_\_\_\_\_ Postage \$ \_\_\_\_\_ Specialized Documents \$ \_\_\_\_\_

"True and Correct" \$ \_\_\_\_\_ TOTAL COST \$ \_\_\_\_\_

DATE REQUEST FULFILLED \_\_\_\_\_

SIGNATURE OF OPEN RECORDS OFFICER \_\_\_\_\_

DATE INFORMATION: Picked up \_\_\_\_\_ Mailed \_\_\_\_\_