

PUBLIC RECORDS REQUEST FORM

County: _____

Department/Office: _____

Records Custodian: _____

Phone: _____

Email: _____

Requestor Information

Name: _____

Organization (if applicable): _____

Address: _____

City / State / Zip: _____

Phone: _____

Email: _____

Preferred Contact Method

Email

Phone

Mail

Description of Records Requested

Please describe the *specific* records that you are requesting.

Date Range:

From _____ To _____

Format Requested

- Inspect records in person
- Electronic copies
- Paper copies
- Other: _____

Fees

- Contact me if fees exceed \$_____
- I agree to pay applicable fees
- Request fee waiver

Reason for waiver (optional):

Signature: _____

Date: _____