PUBLIC RECORD REQUEST FORM

(Please Print Legibly)

DATE OF REQUEST: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

REQUEST REPSONSE: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR (Optional):_____

ADDRESS (Optional):_____

CITY/STATE/COUNTY (Required):_____

TELEPHONE NUMBER (Optional)_____

RECORDS REQUEST*

*Provide as much specific detail as possible so the agency can identify the information. (For more space, continue on back of form.)

_____

_____

_____

_____

_____

_____

_____

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INPSECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

INSTRUCTIONS: Mail Pick-up Fax Disc

Signature of Authority Representative(When request is filled)_____

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Copies_____ Postage_____ Disc_____ Certification_____ Fax_____

($ .25/page side) (Actual cost for mailing) ($1.00/disc) ($2.00/certification) ($ .50/fax page)

Reasonable fees to cover other types of actual costs such as data conversion, electronic access, etc._____

Retrieval Fee_____ **TOTAL COST**_____

($ 23.00/hour with $5.75 minimum)

DATE INFORMATION: Mailed_____ Picked up_____ Faxed_____

RIGHT-TO-KNOW OFFICER/APPROVAL: Mr. Cory R. Miller _____

DATE RECEIVED BY THE AGENCY: _____

RESPONSE DUE DATE:_____

PAYMENT MUST BE MADE BEFORE DOCUMENT COPIES ARE RELEASED

[CASH, CHECK ($25.00NSF Charge) OR MONEY ORDER ONLY]