



PUBLIC INFORMATION REQUEST

Requestor Information:

Name of Individual Requestor: _____
Email address of Individual Requestor: _____
Phone Number of Individual Requestor: _____
Name of Company or Firm Requestor (If applicable): _____
Date and Time of Request: _____
Description of Public Record(s) Being Requested: _____

Signature of Requestor

REQUEST RECEIVED BY: _____ DATE: _____

THE RECORDS YOU ARE REQUESTING ARE:

- BEING USED
- IN STORAGE AND ARE IMMEDIATELY UNAVAILABLE FOR INSPECTION

THE PUBLIC RECORD(S) YOU HAVE REQUESTED WILL BE MADE AVAILABLE FOR YOUR INSPECTION ON:

DATE: _____
TIME: _____ AM/PM

Date: _____
Name of Custodian of Records: _____
Name of Person Acting for Custodian of Records: _____
Action by Staff: _____

