Open-Records Request Form

Requester Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Please identify or describe the records sought:

(Please attach an additional sheet of paper if necessary)

Do you want copies? Yes ☐ No ☐

Do you want to inspect the records? Yes ☐ No ☐

Do you want certified copies of records? Yes ☐ No ☐

Date Request Submitted: _____

Signature of Requester: _____