

Open Records Request Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Date of Request: _____

Notice

Some public records are exempted from disclosure by law. You will be notified within three (3) business days if the record sought is a public record available for inspection, and you will be notified when the record will be available for inspection and/or copying. You will be charged \$.50 for each page of our records you request to have copied, and may be charged an additional fee for certified copies or for other copies for which a fee is specifically authorized or otherwise provided by law. In addition, you may also be charged a reasonable fee for search, retrieval, and other direct administrative costs if your request necessitates an unusual administrative cost or burden.

Signature: _____