PUBLIC RECORDS REQUEST

DATE OF REQUEST: _____________________

NAME OF REQUESTOR: _________________________________________________________________

MAILING ADDRESS: ___________________________________________________________________

TELEPHONE NUMBER: (____________) ____________________________

EMAIL: _______________________________________________________________________________

INFORMATION REQUESTED (Be as specific as possible—use reverse side or additional pages, if necessary):

Please allow up to two (2) weeks (ten 10 business days) to obtain the information you are requesting, three (3) weeks (15 fifteen business days) for mailing. Private information (e.g., social security numbers, driver’s license, computer ID numbers, etc., may need to be redacted before public records are released).

DO YOU WISH TO RECEIVE COPY OF THE DOCUMENTS OR TO INSPECT THE DOCUMENTS at Board premises?
[ ] COPIES OF DOCUMENTS
[ ] INSPECTION OF DOCUMENTS

There will be a copying charge of 10c for black-and-white and 50c for colored copies. For items that are stored off site in Archives, there may be a retrieval charge. For faxing, there may be a facsimile transmission charge. For Priority/UPS/FedEx, there may be a shipping charge.

ESTIMATED COST: $___________

• IF COPIES, HOW DO YOU WISH TO RECEIVE COPIES?
  Mail [ ]
  Email [ ] (format to be determined, depending on information requested)
  Pickup at Board Office [ ]
  Fax [ ]
  Other [ ]: __________________________________________________________________________

• IF INSPECTION, THE BOARD WILL CONTACT YOU TO SET UP AN APPOINTMENT TIME AND DATE:

AGREED UPON DATE OF INSPECTION: _______________ APPOINTMENT TIME: _____________

SIGNATURE OF REQUESTOR: _____________________________________________________________
  Sign & date when inspection complete ___________________________________________________

SIGNATURE OF BOARD AGENT: __________________________________________________________
  Sign & date when inspection complete/copies sent ___________________________________________

Order Filled Date: ________________ Payment of Costs – Amount $_____________ Ck# ___________ CC______