

REQUEST TO INSPECT OR RECEIVE COPIES OF PUBLIC RECORDS

I _____, hereby request an appointment to inspect the following
(PRINT NAME)
records (Please list specific records you would like to have available for you inspection)

I _____, hereby request a copy of the following records.*
(PRINT NAME)

* (Please note the fee schedule at the bottom of this document.)

Signature _____ Phone _____ Date _____

Address: _____

Response to Request

Your request to inspect the records listed above is acknowledged. An appointment has been scheduled for _____ at _____.

Your request to have copies prepared for the specific records itemized above is acknowledged. These copies may be picked up on _____ at _____.

Upon receipt of requested copies of records, the individual shall pay the following fees:

1 st page to 10 th page	75¢ per page
11 th page to 20 th page	50¢ per page
All pages over 20	20¢ per page