

OPEN RECORDS REQUEST FORM

Date Requested: _____

Person(s) Requesting Information: _____

Mailing Address: _____

E-Mail Address: _____

Phone Number: _____

What is being requested? (be specific): _____

When is a good time to contact you? _____

Do you desire a follow-up appointment? _____

RESPONSE
(office use only)

Number of Pages _____ X \$0.10 = _____

Hours to Produce _____ X \$10.00 = _____

Total Cost: _____

Date Ready: _____ Date Picked Up: _____

Employee(s) Filling the Request: _____

Copies Attached? _____

Signature (person picking up): _____

Date: _____