



PUBLIC RECORDS REQUEST FORM

Please complete this form and return it in person, via fax or mail

___ REQUEST TO ACCESS RECORDS	___ REQUEST FOR COPIES	___ OTHER
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REQUESTOR INFORMATION	
Request Name: _____	Date: _____
Mailing Address: _____	
Telephone Number: _____	Email Address: _____

DESCRIPTION OF RECORDS REQUESTED (If known, the following information will help fulfill the request)
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>

GUIDELINES

1. Please allow 10 business days for document retrieval.
2. Please bring paper clips, post-its and payment for any copies due.
3. Payment for copies is payable in cash or check only.
4. Original records may not be removed from their original file jackets, reorganized or removed from the premises on any conditions.
5. Please call during regular business hours to make an appointment to review documents.

FOR OFFICE USE ONLY		Reference No:
Staff Name: _____		Date Request Performed: ___/___/___
Records Manager Signature: _____		Date: ___/___/___
Legal Counsel Signature: _____		Date: ___/___/___
General Manager Signature: _____		Date: ___/___/___
Total Costs:		\$ _____

Revised Date:	
Initials:	