



## Public Records Request Form

Date in-person, verbal written or email request received (date-stamp written requests): \_\_\_\_\_

Name of Requestor (only if voluntarily provided; requests can be under a pseudonym or made anonymously): \_\_\_\_\_

Address (required for mail): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (optional): \_\_\_\_\_ Email (optional): \_\_\_\_\_

Description of records: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired format (paper, electronic, etc.): \_\_\_\_\_

Method of deliver (in person or via email, standard mail, electronic media, etc.): \_\_\_\_\_