



REQUEST FOR DISCLOSURE OF PUBLIC RECORDS FORM

Requestor Name	Daytime Phone Number	Date
Mailing Address	City	State
Zip		
This is a request to: <input type="checkbox"/> Inspect Records <input type="checkbox"/> Receive Copy(ies) of Records		
Copy(ies) Format:		
<input type="checkbox"/> Hard Copy <input type="checkbox"/> PDF <input type="checkbox"/> MP3 (Audio) <input type="checkbox"/> MOV (Video) <input type="checkbox"/> Other _____		
Do your copies need to be certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle for Copy(ies), if not Hard Copy or Email:		
<input type="checkbox"/> CD <input type="checkbox"/> Flash Drive <input type="checkbox"/> VHS Tape <input type="checkbox"/> Other _____		
Special Handling: <input type="checkbox"/> Will pick up <input type="checkbox"/> Mail to the mailing address above		
<input type="checkbox"/> Email record(s) to: _____ <div style="text-align: center; margin-left: 100px;">Email Address</div>		
<input type="checkbox"/> Fax record(s) to: _____ <div style="text-align: center; margin-left: 100px;">Fax Number</div>		
Title of Record(s)	Description	Date(s) of Record(s)
I have read and agree to/understand the attached Disclosure of Records and Records Fee Schedule policy.	Signature	Date