Name and Address of Public Agency or Official Receiving

______________________________________________

______________________________________________

Request: __________________________________________________________________________

____________________________________________________________

Date Requested:

____________________________________________________________________________________

Request Submitted By: _____E-Mail _____ U.S. Mail____ Fax _____In Person

Name of Requester: ________________________________________________

Street Address:

City/State/County/Zip (required):

Telephone (Optional): _____________________________

E-mail(Optional): ________________________________

Records Requested: *Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Do you want copies of the documents? YES – or – NO

--Do you want Electronic Copies or Paper Copies?

--If you want Electronic Copies, in what format?