

OPEN RECORD REQUEST FORM

Please print the following information:

Name of Person Making Request:	
Address:	
City/State/Zip Code:	
Phone Number:	
Drivers License No.:	
Signature:	
Date of Request:	

Please list the information being requested (please be specific):

The information requested will be supplied upon receipt of an interpretation that the information sought is not expressly prohibited by law.

The above information was supplied this _____ day of _____, _____.

_____ Copies provided at \$ _____ each. Total Cost = \$ _____.

Signature of Clerk