

REQUEST FOR PUBLIC RECORDS

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

REQUESTED RECORD: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VIEW RECORDS REQUESTED ABOVE : \_\_\_\_\_ (check if yes)

COPIES OF RECORDS REQUESTED ABOVE: \_\_\_\_\_ (check if yes)

\_\_\_\_\_

**WHA ONLY**

Date Received: \_\_\_\_\_

Date Responded: \_\_\_\_\_

Charge(s): \$ \_\_\_\_\_