



PUBLIC RECORDS REQUEST

**** Note to Requester: Retain a copy of this request for your files****

Date Requested: _____

Name of Requester (optional): _____

**Please provide at least 1 of the following forms of contact so that we can appropriately respond to your request*

Mailing Address (required for mail): _____

City/State/Zip (required for mail): _____

Telephone (optional): _____ Fax (optional): _____

E-Mail (optional): _____

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

Do you want copies of the documents? YES, I would like:
 Paper Copies - or - Electronic Copies
 NO, I only want to view the records

FOR LAND BANK USE ONLY:

Name of Person receiving the Request: _____ Date received: _____

Request Submitted By: E-Mail U.S. Mail Fax In-Person