

NAME:
MAILING ADDRESS:CITY/STATE/ZIP:
PHONE NO.: ()
NAME OF FIRM OR COMPANY REPRESENTING (if applicable):
TODAY'S DATE, AMPM TIME OF REQUEST:, AMPM INDICATE PREFERENCE: A COPY OR VIEWING/INSPECTING THE RECORD(S): DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED: (Attach additional information if needed.)
I understand I am responsible for any applicable charges as a result of this open records request.
SIGNATURE
SIGNATURE PUBLIC INFORMATION A VAIL ABILITY
PUBLIC INFORMATION A VAIL ABILITY THE RECORDS ARE: AVAILABLE; IN USE OR IN STORAGE AND ARE NOT IMMEDIATELY AVAILABLE FOR INSPECTION OR COPYING.
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