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REQUEST FOR PUBLIC RECORDS

Date of Request: _____

Name of Requester (only if voluntarily provided; requests can be under a pseudonym or made anonymously): _____

Address of Requester (required for mail)

City: _____ State: _____ Zip Code: _____

Telephone Number of Requester (optional): _____

Email Address of Requester (optional): _____

Description of records requested:

Desired format (paper, electronic, etc.): _____

Method of delivery (in person or via email, standard mail, electronic media, etc.):
