PUBLIC RECORDS REQUEST

Name:____

Address:____

Telephone:_________________________ Business Telephone:__________________________

E-mail address ____

______ I wish a copy of the following record(s): (specify) _________________________
____
____
____
____
____

______ I wish to review the following record(s): (specify) _________________________
____
____
____
____
____

I understand I will be contacted within ________________ days, excluding weekends and holidays, as to when I may view these records. I also understand if I request a copy made of these records, the copies will be provided to me at cost. I further understand I am not allowed to remove any record(s) from the office where they are maintained.

____ __________________________
Signature Date

* *

The records you wish to review and/or copy will be available be on ________________________ at the administration office.

____ __________________________
Records Officer Date

* *

RECEIPT/ACKNOWLEDGEMENT FORM

I hereby acknowledge that I have been given copies of and/or have been permitted to review the public records requested above.

____
Signature Date

© NEOLA 2011