Public Records Request Form

Complete and submit this form to make a public records request. All fields must be completed with accurate information for your request to be processed.

Payment of fees may be required before your request is fulfilled.

Requestor's contact information:

Name: _____

Phone Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Agency you are requesting public records from: _____

Date of Request: _____

I am willing to pay up to $_____ in processing fees without prior notice by the agency.

Records Requested (must be as specific as possible, requests that are overly broad may qualify as time-intensive requests and will take longer to respond to):