## Request for Public Records

**Name of Requestor/Legal Counsel:**

<table>
<thead>
<tr>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
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<tr>
<td>Phone:</td>
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</tbody>
</table>

**Request Information** - Please describe in detail the type of records requested.

- [ ] Request to review records
- [ ] Request for copies of records (copy charges may apply)

**Type of records (specific names, addresses, site information, etc.):**

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**Specific date or date range of requested records:**

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**Additional information about the records you’re seeking:**

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**By signing this form, you certify that lists of individuals obtained through this request will not be used for commercial purposes.**

Signature ___________________________ Date ________________

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### Internal Use Only

**Request forwarded to:** Division: Date forwarded:

**Request processed by:** Date processed:

- [ ] Request approved
- [ ] Request denied. Reason: ________________
- [ ] Request not applicable. Reason: ________________

**Review**— The following records were released for review:

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**Copies**— We provided copies of the following records: ________________

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Invoice Amt.: ________________

Invoice No.: ________________