Appendix "A" – Public Records Request Form

PUBLIC RECORDS REQUEST FORM

Request Date:		Response Due:		
•		(Request Date + 5 business days)		
	our policy that ALL records are ll be used to expedite requests a sure laws.			
REQ	QUESTOR: (Please Print)			
Name:		Phone:		-
Address:		City:	ST: Zip:_	
Email:				_
Descri	ibe the Records or Information Requeste	ed:		
1				_
2				_
4				_
	nature: PONSE: (Response MUST be made wit		Date:	
Record released	by: Date:			
	A. Record or information not availa	able as requested.		
	B. Record or information available	for inspection on	during normal working h	ours.
	C. Copies available upon payment	of copy fees totaling \$	(\$.15 per page and/ or other	r charges)
	D. Requested information not avail	able at this time. Estimated av	railability in days.	
	E. Unable to process request as des	cribed; please clarify request b	y being more specific.	
	F. Request denied – record or infor to the District's Attorney for rev		sclosure. Forward immediat	ely
Cite basis for de	nial:			
				_
Public	Records Officer / Designee			
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