



# Request for Information

## Contact Information

Requested By: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Description of records (Please be as specific as possible. If known, include author recipient, title, date or date range, etc.)


After the County retrieves the requested records, I request:

Inspection Only       Copy All       Inspection, then copy selected pages

(Standard copies are 15 cents per page. There is no charge to inspect documents.)

Disclosure: We will respond to you in a timely manner and the information we give you is based solely on the information that you have provided.

FOR USE BY PUBLIC WORKS EMPLOYEES		
	DATE	INITIALS
DATE RECEIVED:	_____	_____
FIVE-DAY NOTICE SENT:	_____	_____
REQUEST APPROVED:	_____	_____
REQUEST DENIED:	_____	_____