

Municipal Building
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PUBLIC RECORD REQUEST FORM

Date Requested:

Request Submitted By: Email US Mail In Person

Requestor:

Name: _____

Street Address: _____

City/State/County: _____

Telephone: _____

Records Requested: (Please provide as much specific information as possible including specific date ranges)

Do You Want Copies? Yes No

Do you want to inspect the records? Yes No

Do you want certified copies of records? Yes No