



Request for Access to Public Records

To: Public Records Officer, Office/Dept of _____.

Printed Name of Requesting Individual

Business Name

Street Address & Mailing Address

Phone No.

City, State, Zip

Fax No.

Please provide copies of the following public records of your office @ .15 per page or the published cost of copying, whichever is greater, plus cost of mailing, subject to disclaimers on the reverse. (Please be as specific as possible, to limit copies to those for which you desire to pay):

Please mail copies hold copies for pickup. Payment is required before copying.

Please do not make copies, but allow review pursuant to P.C.Code Chapter 2.04.

*Lists of individuals (names and addresses) will be used only for the following purposes, and will not be used for any commercial purpose (to facilitate any profit expecting activity):

I swear or affirm under oath that I have read the foregoing and know the same to be true and correct.

Signature of Requester

Date Submitted

*** Note:** Unless otherwise specifically authorized or directed by law, disclosure is prohibited of **any requested record containing a list of individuals**, unless the box above is checked, specific purposes of use are listed, and the requester's signature under oath is notarized below.

State of _____ County of _____

Signed and sworn to (or affirmed) before me on _____, by _____.
(date) (name of requester).

Notary Public

(Seal)

My appointment expires _____.