Open Records Request Form

To Be Completed by Requestor and Submitted to Library Director

Date:

I request to inspect and/or receive copies of the following document(s):

Printed Name/Company Name (if applicable)

Street Address, City, State, Zip Code

Phone Number

E-mail Address

Signature

Office Use Only

 The request is granted. Total amount charged to applicant to fulfill request: $\_\_\_\_\_\_\_\_\_\_

 The request is denied based on the following exemption: