

APPLICATION FOR PUBLIC ACCESS TO RECORDS*

To: Records Access Officer

Name of Requestor's Company

Requestor's Phone Number

Requestor's Address

Requestor's Email

I hereby apply to inspect the following record(s):

Requestor - Print Name

Requestor's Signature

Date

Representing

Requestor's Mailing Address

For Agency Use Only

- Approved
- Denied
- Record of which this Agency is Legal Custodian cannot be found.
- Record is not maintained by this Agency.

Signature

Title

Date

Notice: You have a right to appeal a denial of the application to the head of this Agency.

Name

Business Address

Who must fully explain his/her reasons for such denial in writing seven days of receipt of an appeal. I hereby appeal:

Signature

Date

***NOTE: A \$.25 per page processing fee may be charged to the requestor**