

Request Form for Copies or Reproduction of Public Record

1. Description of Record: _____
2. Date of record (best estimate): _____
3. Public agency or board having custody of record: _____
4. Name/address/telephone number of person requesting records
 - a. Name _____
 - b. Address _____

 - c. Phone Number _____

I agree to pay the actual cost of searching, reviewing, duplicating and/or mailing copies of the requested public records, estimated to be \$_____.

Signature of Person Requesting Record

Date: _____

CLERK'S ACKNOWLEDGMENT

I acknowledge receipt of \$_____ from the above individual as payment in full for the cost of searching, reviewing, duplicating and/or mailing the requested records.

Date: _____

Clerk: _____

EXHIBIT B