

**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 ACKNOWLEDGEMENT**

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**