

PUBLIC RECORDS REQUEST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

\_\_\_\_\_ I wish a copy of the following record(s): (specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I wish to review the following record(s): (specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand I will be contacted within \_\_\_\_\_ days, excluding weekends and holidays, as to when I may view these records. I also understand if I request a copy made of these records, the copies will be provided to me at cost. I further understand I am not allowed to remove any record(s) from the office where they are maintained.

\_\_\_\_\_  
Signature

Date

\*\*\*\*\*

The records you wish to review and/or copy will be available be on \_\_\_\_\_ at the administration office.

\_\_\_\_\_  
Records Officer

Date

\*\*\*\*\*

RECEIPT/ACKNOWLEDGEMENT FORM

I hereby acknowledge that I have been given copies of and/or have been permitted to review the public records requested above.

\_\_\_\_\_  
Signature

Date

© NEOLA 2012

© NEOLA 2012