

REQUEST FOR PUBLIC/PRIVATE RECORDS AUTHORIZATION

Name: _____

Address: _____

Telephone Number: _____

Date of Request: _____ Time of Request: _____

I, the undersigned, request the release of the documents listed below. I understand that there is a charge of \$0.15 per page for this information as well as a charge of \$15 per hour for research, after the first hour, which is provided free.

Documents requested: _____

Please make your request as specific as possible.

Signature: _____ Date: _____

Date Information Released (please date and initial): _____

TO BE COMPLETED BY OFFICE:

Date of request: _____ Time of request: _____

Request accepted by: _____ Request Completed by: _____

Date Completed: _____ Date Customer Notified: _____

Number of Pages Released: _____ Total Labor (if applicable): _____

Total Cost: _____ Date Information Picked Up: _____