

**REQUEST OF OFFICIAL RECORDS OR  
OTHER RELATED MATERIALS**

Material Requested:

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Person Making Request: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

Signature of person requesting: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Price @ .10 per page \_\_\_\_\_

Mailed: \_\_\_\_\_ Picked up: \_\_\_\_\_

**Please note that your request will be forwarded to the appropriate department for the information. The review and approval to release the information will be processed within three (3) business days.**

Official Use Only:  Received by: _____ Reviewed by: _____ Approved/Denied by: _____ Date: _____ Reason: _____
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