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Please send requests to  
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**PUBLIC INFORMATION REQUEST FORM**

DATE OF REQUEST: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**DESCRIPTION OF RECORDS REQUESTED**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
RECEIVED BY

*Fees may be charged as applicable as allowed by Law. Please see Public Records Fee Schedule.*