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PUBLIC RECORDS REQUEST

DATE OF REQUEST: _____

NAME OF REQUESTOR: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: (_____) _____

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INFORMATION REQUESTED (Be as specific as possible—use reverse side or additional pages, if necessary):

Please allow up to two (2) weeks (ten 10 business days) to obtain the information you are requesting, three (3) weeks (15 fifteen business days) for mailing. Private information (e.g., social security numbers, driver's license, computer ID numbers, etc., may need to be redacted before public records are releases).

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SIGNATURE OF REQUESTOR: _____
Sign & date when inspection complete _____

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