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| --- |
| https://lh7-rt.googleusercontent.com/docsz/AD_4nXejMBjZsAAdvclgj6nkgpVQIaAff1YyrEscXKa_HBGLlPsRnzVPNoganYHHGAI2cYeDgMbnVojJJdudvuKsuW-w83vRaX4nJfS98GYVb-XY71xaFksbCcjkhndSNXHonRgmGTaHQg?key=QuXBRjTW0tdHiP8w3youVQ |
| **REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS** |
| Date: |       | Phone: |       |
| Person Requesting |       | Fax: |       |
| Business (if applicable): |       |
|       |
| If Attorney/Insurance company making request |
| Client’s Name: |       |
| Address: |       |
|       |
| SUBJECT MATTER: |
|       |
|       |
|       |
| (Any request shall be clear, concise and directed toward only one subject matter) |
| MATTER |       | Personally Inspect |
| OF COMPLIANCE |       | Photocopy of Document |
|  |  |  |
| MANNER |       | By mail to address above |
| OF DELIVERY |       | In person at your office |
|   I understand that the actual cost of compliance with my request shall be borne by me, including mailing cost, if applicable. Actual cost of compliance with my request, if granted, shall be paid by me in advance of the receipt of any information. |
|  |       |
|  | SIGNATURE OF PERSON REQUESTING RECORDS |
| **DO NOT WRITE BELOW**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* |
| ESTIMATE OF COST | = |  |
| TOTAL ESTIMATE  | = |  |
| AMOUNT PAID  | = |  |
| RECEIPT #  |  |  |
| Date of Compliance |  | Department: |  |