



## REQUEST FOR PUBLIC RECORDS

Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Description of Public Records Requested (*please be specific*):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you are requesting to inspect records at the agency's location, indicate your preferred date/time for an appointment:

Date of Inspection (\*): \_\_\_\_\_ Time of Inspection: \_\_\_\_\_

\* *Please allow a minimum of five [5] business days from the date of request to ensure adequate time for the agency to provide the records requested.*

I certify that the information obtained through this request for public records will not be used for commercial purposes. I also understand that I will be charged a fee of 15¢ per page for copies or scanned images provided by PLIA for requests totaling 100 or more pages/images (\$15 minimum). Additional amounts may be charged for costs of mailing and/or other materials.

\* There will be no charge for requests of less than 100 pages hard copies or 100 scanned images.

Signature \_\_\_\_\_

Date \_\_\_\_\_

AGENCY USE ONLY	
Minimum Charge *	\$15.00
Number of Copies/Scanned Images Above Minimum	
Fee Per Copy/Scanned Image	x \$ 0.15
Total Additional Charge	\$
<b>Total Charge (Minimum + Additional)</b>	<b>\$</b>
Date/Time Received:	
Received By:	

