YOUR OFFICE NAME

PUBLIC RECORDS (FOIA) REQUEST

Request copies of public records under the state open records law.

Describe the records as specifically as you can (names, dates, subjects, document types). The office will tell you if fees apply before copying.

Fee: Copying and labor fees may apply

REQUESTER

Full name *

Mailing address *

Phone *

Email *

Organization (if any)

RECORDS REQUESTED

Describe the records you want *

From date

To date

How would you like the records? *

☐ Electronic copies by email ☐ Paper copies by mail ☐ Inspect in person

Contact me before fees exceed

Is this request for a commercial purpose? *

☐ Yes ☐ No

Purpose (optional)

Signature *

Date *