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REQUEST OF PUBLIC RECORDS

DATE
NAME:
PHONE:
MAILING ADDRESS
TIME OF REQUEST:

NATURE OF REQUEST DESCRIPTION AND DATE:
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RECEIPT OF PUBLIC RECORDS (official use only)

TO:

DATE:

Electronic Mail <input type="checkbox"/>
Fax <input type="checkbox"/>
U.S. Mail <input type="checkbox"/>
In person <input type="checkbox"/>

DATE RECORDS RECEIVED:

By:
Title:

COMMENTS
