
Form I
REQUEST TO INSPECT PUBLIC RECORDS

[DATE]

TO: [NAME]
 Records Custodian
 [AGENCY NAME & ADDRESS]0.

FROM: [NAME OF REQUESTER]
 [ADDRESS]
 [TELEPHONE NUMBER]

I would like to inspect and copy the following records:

[LIST RECORDS WITH REASONABLE PARTICULARITY]

If your agency does not maintain these public records, please let me know who does, and include the proper custodian's name and address.

I agree to pay the applicable fees for copying and transmitting the records. If the charges will exceed \$___, please call me to discuss. I understand that I may be asked to pay the fees in advance.

Please provide a receipt indicating the charges for each document.

Thank you for your prompt attention to this matter.

Sincerely,

[SIGNATURE OF REQUESTER]