

# OPEN RECORDS ACT - Request

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

Person receiving request: \_\_\_\_\_

Method of Request:  Phone  Fax  Letter  Email  Personal

Records requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of requestor: \_\_\_\_\_

Company, if any: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**[To be completed by custodian]**

Records exist:  Yes  No

Approximate number of pages needed to comply with request: \_\_\_\_\_

Estimated amount of time needed to complete request: \_\_\_\_\_

Salary rate of person necessary to locate and retrieve records: \_\_\_\_\_

Date records will be available for inspection and copying: \_\_\_\_\_

Date docketed for response within 3 business days: \_\_\_\_\_

Areas of concern to discuss with staff attorney, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_