



**REQUEST FOR PUBLIC RECORDS**

Department: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If emergency request, indicate date desired: \_\_\_\_\_

RECORDS REQUESTED: \_\_\_\_\_

Please circle one:            Medical Record            Fire Report

Date of record / incident: \_\_\_\_\_

**Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible.**

**I certify that the list of individuals obtained through this request for public records will not be used for commercial purposes.**

Signature: \_\_\_\_\_

PLEASE PRINT FIRST NAME: \_\_\_\_\_

Person Receiving Request / Date: \_\_\_\_\_

Number of copies: \_\_\_\_\_

Number of pages: \_\_\_\_\_

Per page charge: \_\_\_\_\_

TOTAL CHARGE: \_\_\_\_\_

ADM-08