

PUBLIC RECORDS REQUEST

Requestor Contact Information:

NAME: _____ DATE: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

Record Search Based Upon:

ADDRESS: _____

PERMIT: _____ PARCEL: _____

Information Requested:

Office Use Only:

Date Ordered: _____ Date Requestor Contacted: _____

Letter: _____ Legal: _____ Ledger: _____ 24X30: _____

Restamp Fee: _____

Amount Due: _____

Additional Information:

