Application for Access to Public Records

Date requested: ______________________________________________________

Name of Applicant: ___________________________________________________

Mailing address: ______________________________________________________

___________________________________________________________________

Records requested (please be as specific as possible): _______________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Relation to person in cases of marriage records: ____________________________

___________________________________________________________________

Approved: ______________________ Denied: _____________________________

Reason for denial: ____________________________________________________

___________________________________________________________________

Number of copies: _____________ Received at $.25 per copy $________________

Date of Response: _________________ Paid date: _______________________

**Note: The Freedom of Information Law requires that within five business days of the receipt of a written request for a record reasonably described, the “agency” must make the record available, deny access in writing giving the reasons for denial, or furnish a written acknowledgement of receipt of the request and a statement of the approximate date when the request will be granted or denied.