**Public Records Request Form**

This form is used to help the library identify, locate, and respond to a request for public records. Staff will forward this request form to the Director or Fiscal Officer who will respond to the request in a timely manner.

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

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

Date Time Staff Name

**RECORD(S) REQUESTED:**

Preferred method for contacting you (e.g., phone, e-mail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you prefer to receive the information?

\_\_\_\_\_ Pick up at the library

\_\_\_\_\_ Mail (see below)

\_\_\_\_\_ E-mail (see below)

\_\_\_\_\_ Fax (see below)

**OPTIONAL INFORMATION** to help provide the requested records:

Name

Address

Phone Number Fax Number E-Mail Address

Public records requests will be responded to in a prompt and reasonable time period.

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**FOR OFFICE USE ONLY**

* This public records request is approved and any requested copies were provided.
* Copy Costs Assessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copy Costs Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* This public records request is denied as ambiguous, overly broad or the requester has difficulty in making the request such that this office cannot reasonably identify what public records are being requested, and the requester has been given the opportunity to revise the request by being informed of the manner in which records are maintained by this office and accessed in the ordinary course of the office or staff personnel’s duties.
* This public records request is denied in whole or in part. For any portion that is denied, provide a written explanation for the denial (including legal authority) and return a copy of this form to the requester with this explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10/2023