

REQUEST TO INSPECT RECORDS (by appointment only)

REOUESTOR INFORMATION

Name (please p	rint):Title:
	Email:
RECORDS REQUESTED	
1. Entity Name:	
D/B/A:	
	Zip Code:
2. I hereby: requ	uest photocopies of specific documents within the file. Please
describe documents requested	
Cost for reco	ords: \$.05 per black and white copies. No charge for electronic
copies.	745. 4.05 per black and write copies. No charge for electronic
•	st: There is no cost for the first two hours of time needed to find
	r two hours, the fee is usually no more than \$25 per hour. When we
	uest, we will provide you an estimate of how much the research will
cost.	uest, we will provide you are estimate or now mach the research will
	ill respond to Requests to Inspect Records within 10 days. Thank
vou.	in respond to requests to inspect records within 10 days. Thank
3	Date of Request:
_	
(FOR OFFICE USE O	
DATE/TIME OF APPOINTMENT:	
ASSIGNED TO:	
DATE COMPLETED:	