PUBLIC RECORDS REQUEST

Remember: You are not required to identify yourself to request records, but we do need at least one way to contact you (email or phone number) if you wish to be notified when your records are ready to be picked up.

** Note to Requester: Retain a copy of this request for your files**

Date Requested: _____

Name of Requester (optional): _____

**Please provide at least 1 of the following forms of contact so that we can appropriately respond to your request*

Mailing Address (required for mail): _____

City/State/Zip (required for mail): _____

Telephone (optional): _____ Fax (optional): _____

E-Mail (optional): _____

Records Requested: **Provide as much specific detail as possible so that we can identify the information that you are seeking. You may attach additional pages, if necessary.*

_____

_____

_____

_____

_____

Do you want copies of the documents? ☐ YES, I would like:

☐ Paper Copies - or - ☐ Electronic Copies

☐ NO, I only want to view the records

FOR SCRPC USE ONLY:

Name of Person receiving the Request: _____ Date received: _____

Request Submitted By: ☐ E-Mail ☐ U.S. Mail ☐ Fax ☐ In-Person