



**Clerk of the Board of Supervisors**

**Public Records Request Form**

**Name of Contact Person:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **FAX Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Document Name or Description:** \_\_\_\_\_

**Date or Year(s) to Search:** \_\_\_\_\_

**Subject Matter:** \_\_\_\_\_

**Number of Copies:** \_\_\_\_\_ **Preferred Method:**  Mail  E-mail

**Additional Information:**

**Copies of the records are available for 10 cents per page and 7 cents per page thereafter.**

**For Clerk's Office Only**

**Date Received:** \_\_\_\_\_ **Processed by :** \_\_\_\_\_