

## REQUEST TO INSPECT RECORDS (by appointment only)

## **REQUESTOR INFORMATION**

Name (please print): _	Title:
Telephone No.:	Email:
RECORDS REQUESTED	
1. Entity Name:	
D/B/A:	
Address:	
City:	Zip Code:
2. I hereby: request ph	notocopies of specific documents within the file. Please
describe documents requested.	
_	
Cost for records: \$	.05 per black and white copies. No charge for electronic
copies.	.es per slack and write copies. No enarge for electronic
•	ere is no cost for the first two hours of time needed to find
	hours, the fee is usually no more than \$25 per hour. When we
	ve will provide you an estimate of how much the research will
cost.	re will provide you air commute or new much the research will
	oond to Requests to Inspect Records within 10 days. Thank
you.	rona to requests to inspect records within 10 days. Thank
_	Date of Request:
	Bute of Request.
(FOR OFFICE USE ONLY)	
	NT:
ASSIGNED TO:	
DATE COMPLETED:	