

PUBLIC RECORDS REQUEST INTAKE FORM

REQUESTOR: \_\_\_\_\_

ORGANIZATION (if any): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE/FAX NUMBER: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Date Received in Legal Div. \_\_\_\_\_

Assigned to Legal Div. Attorney: \_\_\_\_\_

DESCRIBE RECORDS REQUESTED OR ATTACH WRITTEN REQUEST:

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

Staff Person Taking Request: \_\_\_\_\_