

VILLAGE OF RAWSON REQUEST FOR PUBLIC RECORDS

Name and Address of Public Agency or Official Receiving Request: _____

Requestor Information:

Request Date: _____

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number (optional): _____

Email (optional): _____ Fax Number(optional): _____

Information Requested:

Describe in detail the information you are requesting. Be specific as possible:

Do you want copies of the documents? YES -or- NO

- Do you want electronic copies or paper copies? _____
- If you want electronic copies, in what format? _____

Notify me of duplication costs exceeding \$ _____