



**REQUEST FOR PUBLIC RECORDS**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Records:

If my Request for Public Records includes a request for a list of individuals, I certify that my request is not made for commercial purposes for the benefit of myself or any other person or entity. Further, I acknowledge that “for commercial purposes” means “with the intention to generate profits.”

\_\_\_\_\_  
Signature

**This section to be filled out by NCWD Staff:**

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