



**REQUEST FOR PUBLIC RECORDS**

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

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

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

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

Description of Records:

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

I certify that the information obtained through this "Request for Public Records" will not be used for commercial purposes.

\_\_\_\_\_  
Signature

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