PUBLIC RECORDS REQUEST

Please complete and submit the following form to request access, copies, or credential verifications of public records. If you are making a request for copies or, credential verifications, staff will notify you of the cost by email, staff will also confirm the date the files are available for viewing, should you choose to simply view the files.

REQUESTOR'S CONTACT INFORMATION		
Last Name	First Name	Business or Company
Mailing Address (*number and street or rural route*)		
City	State	ZIP code
Telephone number	E-mail address: (This address will not be a public record)	

Indicate the type of record's request being made:	❑ Request to View Records
	❑ Request for copies of public records. (Copies are .25 cents per page with a minimum charge of $2.00)
	❑ Credentialing Verification (Attach a list of license numbers and any specific information you are requesting. $2.00 per name)

Indicate the file(s) you would like to view/have duplicated/credentialed:

If you are requesting to view records, please indicate when you would like to view them. We will confirm this date and time with you by email or telephone.

If you are requesting copies or verifications, please indicate how you would like to receive them:	❑ I would like to pick the documents. Please contact me when they are ready.
❑ I would like the documents emailed to the above address.	❑ I would like the documents mailed by USPS to the above address.
Will the documents you have requested be used for commercial purposes?	❑ Yes ❑ No
If yes, please indicate the commercial purpose for which the documents will be used.	

_____   _____
           Signature   **Date**

Board Staff Use Only:		
Staff Reviewed & Processed:	Notice Sent:	Additional Notes: