

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: Gail Wolanin Young, CMC – Records Access Officer

(NOTE TO APPLICANT: Please be specific in describing the information which you are seeking, including dates. This will help us expedite processing your request.)

I hereby apply for the following information:

I, the undersigned applicant, understand that the Records Access Officer will respond in writing no more than five (5) business days after that Officer's receipt of this request as to whether access will be provided or denied, and if provided, an estimated date for access to the information requested. I further understand that the statutory fee for copies is \$.25 per page and that in the case of voluminous documents requested, I may be asked to leave a deposit of pay in full beforehand.

(Signature of Applicant)

(Name of Applicant – Please Print)

(Name of Company/Firm being represented, if any)

(Complete Address including Zip Code)

(Phone Number including Area Code) / Email Address

FOR AGENCY USE ONLY

APPROVED _____ DATE: _____ DENIED _____ DATE: _____

____ Record of which this agency is legal custodian cannot be found

____ Record is not maintained by this agency

(Signature of Records Access Officer) Date: _____

Time: _____ By: _____