

OPEN RECORDS REQUEST TO INSPECT PUBLIC RECORDS

DATE:

To the Library Director:

I request to inspect and/or receive copies of the following document(s):

(There is a \$0.10 fee for each photocopy received. If the items are to be mailed, the amount of postage will also be charged. If the records are in a non-written format, the charge will be equal to the actual cost of reproduction.)

Printed Name -- Company Name (if applicable)

Street Address City, State, Zip Code

Phone Number -- Fax Number

E-mail Address

Signature_____

THIS COMPLETED FORM SHOULD BE SUBMITTED TO THE LIBRARY DIRECTOR.

For Mary Wood Weldon Memorial Library use:

“The request is granted.

Total amount charged to applicant to fulfill request: \$ _____

“The request is denied based on the following exemption:

