

DATE \_\_\_\_\_

## PUBLIC INFORMATION REQUEST

TIME ARRIVED \_\_\_\_\_

TIME DEPARTED \_\_\_\_\_

Name \_\_\_\_\_

Address/P. O. Box \_\_\_\_\_

Phone Number \_\_\_\_\_

Documents Requested \_\_\_\_\_

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

Related Items \_\_\_\_\_

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

\_\_\_\_\_ documents copied @ \$.25 per copy \_\_\_\_\_

Date paid \_\_\_\_\_

Check number \_\_\_\_\_

Received by \_\_\_\_\_