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OPEN RECORDS REQUEST

DATE: _____

NAME OF PERSON MAKING REQUEST: _____

MAILING ADDRESS: _____

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WOULD YOU PREFER: **E-MAIL** **PHYSICAL COPY** **MAILED OUT**
(Please Check One)

I AM REQUESTING A COPY(S) OF THE FOLLOWING DOCUMENT(S), IN ACCORDANCE WITH THE OPEN RECORDS ACT:

I HAVE RECEIVED INFORMATION REQUESTED

SIGNATURE