

Elections Division • Tim Scott, Director

**PUBLIC RECORDS REQUEST FORM**

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Public Records Request:

Date: \_\_\_\_\_

**PUBLIC RECORDS REQUEST COSTS:**

1. Staff time (if applicable). Cost of staff time will be estimated prior to completion of public records request.
2. .25 cents per page copy cost