

Request For Public Records Form

Date: _____

Name of Requestor: _____

Organization (if any): _____

Address: _____

Telephone (day): _____

Fax: _____

E-mail: _____

All information requested will be provided in accordance with the terms and conditions of the DVRPC Disclosure of Public Records Policy.

Information Requested

Copies of Minutes (Please specify committee, date, topic, or other identifying information)

Maps, Plans, Studies (Please specify date, topic, or other identifying information)

Other (Please specify date, topic, or other identifying information)

Date Received: _____

Date Response Provided: _____

Authorized DVRPC Signature: _____