Town of Ferdinand REQUEST FOR ACCESS TO PUBLIC RECORDS (Please Print)

Name of person		
requesting access:	Phor	ne:
Organization		
person represents:	Fax:	
Address:		
Date/time of request: Date:	Time:	
Specific description of records be	ing requested	
-	_ one time request _ recurring request	
	permission to inspect records as described above a copy of records as described above	
I understand I may be charged a f	fee for copying the records:	(Signature)
FOR TOWN US	SE ONLY – DO NOT WRITE BEL	OW THIS LINE
	Request Receipt Information	
Date & Time	Individual	
Request received:		
•	Disposition of Request	
Request:granted	denied; reason(s) for denial: _	
 Individual making	Disposition	
decision on request:	date and time:	
Number of copies provided:	_PhotocopyComputer	Fee charged: \$
		fee received by)