

**Access to Public Records Act (APRA)
Request for Public Documents Form**

Date (month, day, year):		<i>(Internal use only Date Received)</i>	
Requester Name:			
Requester Firm/Organization (if applicable):			
Requester Address (number and street):	City:	State:	ZIP Code:
Requester Telephone Number (e.g. business, home, cell):	Requester E-mail Address:		
<i>Please indicate the name and e-mail address <u>or</u> mailing address where the record(s) should be sent, if different from the requester above:</i>			
Identify in <u>detail</u> each record(s)/document(s) that you are requesting: (Use additional pages if necessary.)			
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2.			
3.			
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