

OPEN RECORDS REQUEST FORM

Date: _____

Name of requestor: _____
(Please print)

Company name (if applicable): _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

Documents requested: Please be as specific as possible in describing the documents you wish to inspect. If your inquiry involves real property, please list the address:

Signature of requestor: _____

For LFUCG Use Only

Received by: _____
(Please print)

Date received: _____

Date response sent: _____
(No more than 3 days after receipt of request.)

Log number: _____

For recordkeeping purposes, please place this request with a copy of the response and retain for a minimum of one (1) year.