



## Public Records Request Form

Date of Records Request: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Description of Record(s) Requested:

Preferred format to receive record request (electronic, paper, mail, etc.):

*All public record requests will be fulfilled in a reasonable timeframe.*

**For Official Use Only:**

Check category of request:    Routine (Employee)    Non-Routine (Notify VM)    Significant (Requires VM Approval)

VOP Staff who filled request: \_\_\_\_\_

Date request was filled by staff: \_\_\_\_\_

Date distributed to requestor: \_\_\_\_\_

If fee for copies (\$0.10 per page or \$12 per plan sheet) or "special service charge" is applied, list here: \_\_\_\_\_

*Forward completed forms to the Village's Clerk to be recorded.*