

STEVENS COUNTY
PUBLIC RECORDS REQUEST FORM

REQUESTERS NAME/TITLE: _____
ADDRESS _____
PHONE NUMBER _____ E-MAIL _____

FORMAT YOU WOULD PREFER THE RECORDS TO BE PROVIDED IF APPLICABLE
 PRINTED CD EMAIL INSPECTION OTHER _____

HOW WOULD YOU LIKE TO RECEIVE RECORDS PICK UP MAILED EMAIL
 INSPECTION OTHER _____

DESCRIPTION OF RECORD(S) REQUESTED:

IDENTIFIERS:
 CASE NUMBER / PROJECT FILE NUMBER: _____
 DATE OF OCCURANCE: _____
 LOCATION OF OCCURANCE: _____
 INCLUSIVE DATES OF RECORDS SEEKING: _____
 DEPARTMENT FROM WHICH YOU ARE SEEKING RECORDS: _____
 NAME OF INDIVIDUALS NAMED IN THE RECORD: _____
 SEARCH TERMS: _____
 OTHER _____

SIGNATURE OF REQUESTER **DATE**

FOR OFFICIAL USE

REQUEST RECEIVED ___/___/___ TIME ___:___ DEPARTMENT _____
HOW REQUEST WAS RECEIVED MAIL EMAIL IN PERSON OTHER _____
 APPROVED WITHDRAWN NO RECORDS EXIST EXCEPT FROM DISCLOSURE
 PROCESSOR _____ AMOUNT CHARGED FOR RECORD _____

I HAVE MET WITH A REPRESENTATIVE OF THE ABOVE OFFICE AND HAVE BEEN FULLY PROVIDED ALL THE DOCUMENTS PURSUANT TO MY REQUEST

SIGNATURE OF REQUESTER