## **Sample Request for Disclosure of Public Records**

(Date)	
(Requester's Name) (Requester's Address) (Other contact information: e.g., re	equester's telephone no., e-mail address, fax no.)
(Name of public body) (Address of public body)	
Attn: (Officer or employee respons	sible for processing requests)
I (we),(make available for inspection) (pr	(name(s)), request that (public body) and its employees ovide a copy or copies of) the following records:
1	(Name or description of record)
2	(Name or description of record)
I wish to arrange an opportun	ity to personally inspect the requested records.
I wish to receive copies of the	requested records.
(D)	
(Requester's Signature)	