



PUBLIC RECORDS REQUEST

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY:

STATE: _____ ZIPCODE: _____

PHONE: _____ EMAIL: _____

SUBJECT:

Please describe the records you are requesting. If you know the title of the documents(s) requested, please indicate:

Please select one:

- Requesting document copies/duplicates. I understand and agree to pay the duplication charges.
- Requesting to view documents. I wish to make an appointment. No charges associated with viewing documents. Duplication charges apply if you request copies of viewed documents.

Please select one:

- Call me and I will pick up in person.
- Emailed to me (if files are too large to email, CCPT will contact you to make other arrangements).

