



Requestor Information		Staff Use Only
Name		Request Tracking Number
Address		Date Received
Phone Number	Fax Number	Received by
Email Address		Date completed
My preferred contact method is:		Completed by
<input type="checkbox"/> Phone	<input type="checkbox"/> Email	
<input type="checkbox"/> Fax		

Records Requested
<b>Instructions:</b> Please describe the records you are requesting. The more detail you provide, the easier and faster we can fulfill your request.
Type of Record (please be as specific as possible, and include time periods requested)

Delivery Method	
<b>Instructions:</b> Please indicate below how you would like to receive the records you request.	
<i>If you would like to receive the records by . . .</i>	<i>We will . . .</i>
<input type="checkbox"/> Pick up from our office	Contact you by your preferred method listed above Please provide us your contact information above
<input type="checkbox"/> Email	Email the records to you Please provide an email address above
<input type="checkbox"/> U.S. Mail	Mail them to you Please provide a postal address above
<input type="checkbox"/> Fax	Fax them to you Please provide a fax number above
<input type="checkbox"/> Inspect them in person at our office	Contact you by your preferred method listed above Please provide us your contact information above