



Requested by: Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

Information Requested (please be specific): _____

Do you require a certified copy? Yes No

Will this material be used for commercial purposes? Yes No

The charge will be ____ centers per copy (each side). Certification of documents is an additional \$ ____.

A response to your request will be made within five (5) working days of the receipt of this request. Please return with a copy of this request on _____.

Information Received: _____ **Date:** _____

By: _____
Print Name Signature

Number of Photocopies: _____ Total Cost: _____

Photocopying Fees: _____ Paid in Full: _____

Certified Copies: _____ Form of Payment: _____

For Office Use Only

Request Taken: _____ Date: _____ Time: _____

Information Given By: _____ Date: _____ Time: _____

Authorized By: _____