



In reply, please refer to our
File No.

PUBLIC RECORDS REQUEST INTAKE FORM

REQUESTOR: _____

ORGANIZATION (if any): _____

ADDRESS:

EMAIL ADDRESS: _____

PHONE/FAX NUMBER: _____

Date of Request: _____

DESCRIBE RECORDS REQUESTED OR ATTACH WRITTEN REQUEST:

WBSD office use only below:

Date Received in Legal Div. _____

Assigned to Legal Div. Attorney: _____

Staff Person Taking Request: _____