



INFORMATION REQUEST FORM – DEPARTMENT OF PUBLIC SERVICES

I REQUEST TO:

DATE: _____

RECEIVE A COPY OF THE DATA / INFORMATION

REVIEW THE REQUESTED DATA / INFORMATION PRIOR TO COPYING

Name	Phone	
Firm/Organization	Fax	
Street	E-Mail	
City	State	ZIP

DESCRIBE THE INFORMATION REQUESTED:

SIGNATURE: _____ **DATE:** _____

You will be notified of any charges or an approximation of the charges if request is extensive.
 Please allow 2-5 business days for processing.

FOR OFFICE USE ONLY:

REQUEST COMPLETED BY:	TIME SPENT ON REQUEST: (HRS/MINS)	CHARGES: