YOUR LOGO

**Public Records Request**

Submit this completed request to \_\_\_\_\_\_ by mail at \_\_\_\_\_\_\_\_\_\_\_\_\_, fax at \_\_\_\_\_\_\_\_\_\_\_\_\_, or email at [\_\_\_\_\_\_\_\_\_\_\_\_\_,](mailto:MemberServices@sdao.com)

Please fill out each field in the form below to request public records from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. You will receive a receipt of submittal by email when your request is received.

# Requester Name:

**Date of**

**Request:**

**Organization Name**

**(if applicable):**

**Mailing Address:**

|  |  |  |
| --- | --- | --- |
|  | | |
| *City* | *State* | *ZIP Code* |

**Phone:** **Email**

**Provide a detailed description of the documents you are requesting:**

**I request that the documents be provided in the following format:**

I wish to arrange an opportunity to personally inspect the requested records. I wish to receive a hard (paper) copy of the requested records.

I would like to have these records provided to me an electronic format.

# Signature: Date:

*Your signature indicates that you understand that \_\_\_\_\_\_\_\_\_\_ will respond to your request by email as soon as practicable. You understand that there may be costs related to this request based on the fee structure adopted by the \_\_\_\_\_\_\_\_\_\_\_, and you are aware that you will be notified by staff if any fees need to be paid in order to complete your request.*