GRANT COUNTY
REQUEST TO INSPECT PUBLIC RECORDS

DATE: ______________________

TO: __________________________________________________________

(Records Custodian)

______________________________________________________________

(Agency Name)

______________________________________________________________

(Address)

FROM: _________________________________________________________

(Name of Requester)

______________________________________________________________

(Address)

______________________________________________________________

(Telephone Number)

I would like to inspect and copy the following documents:
(List records with reasonable particularity – attach more sheets if necessary)

________________________________________________________________

________________________________________________________________

________________________________________________________________

If your agency does not maintain these public records, please let me know who does, and include the proper custodian’s name and address.

I promise to pay copying charges as required in Grant County Resolution 98-03-26A, Section C. If the copying charges will exceed $___________, please call me to discuss. I understand that I may be asked to pay the fee for copies in advance before you make any copies.

Please provide a receipt indicating the copying charges for each document.

Thank you for your prompt attention to this matter.

Signed:

__________________________________________
Signature of Requester

__________________________________________
Printed Name of Requester

FORM GC-PRP-1