

**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