

**INFORMATION/ DOCUMENT REQUEST FORM**

Today's Date: \_\_\_\_\_

Your Name (PRINT): \_\_\_\_\_ Phone # \_\_\_\_\_

Your Address: \_\_\_\_\_

Location: \_\_\_\_\_

Project Name(s) (if known): \_\_\_\_\_

Owner Name(s) (if known): \_\_\_\_\_

Nature of Request (view files?/copy files? – **BE SPECIFIC**)

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*Signature* \_\_\_\_\_

**IT WILL TAKE 3-5 DAYS TO COMPLETELY RESEARCH YOUR REQUEST. PLEASE BE PATIENT.**

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*To be completed by Agency*

Department Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature