

VILLAGE OF SHERRODSVILLE PUBLIC RECORDS REQUEST:

DESCRIPTION OF RECORD(s) REQUESTED: *Please be as specific as possible to faster processing:*

PREFERRED DELIVERY METHOD: _____ HAND _____ POSTAL MAIL _____ EMAIL

NAME: (OPTIONAL) _____

ADDRESS: (REQUIRED FOR MAILINGS) _____

CITY _____ STATE _____ ZIP _____

PHONE (OPTIONAL) _____

EMAIL (REQUIRED IF EMAILING) _____

To be completed by Village Official ~ DATE: _____ TIME _____ REQUEST RECEIVED BY: _____

INTEROFFICE USE ONLY: DATE REQUEST WAS COMPLETED _____

BY WHOM _____

DELIVERED BY: _____ HAND _____ POSTAL MAIL (Amount charged for copies \$_____) _____ EMAIL