

**VILLAGE OF SHERRODSVILLE PUBLIC RECORDS REQUEST:**

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

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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:* \_\_\_\_\_

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INTEROFFICE USE ONLY: DATE REQUEST WAS COMPLETED \_\_\_\_\_

BY WHOM \_\_\_\_\_

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