



EXECUTIVE OFFICE CUSTOMER SERVICE CENTER



RECORDS REQUEST FORM

NAME _____ DATE _____ TIME _____

PHONE NO. _____ CELL PHONE _____

COUNTY DEPT / ORGANIZATION _____

ADDRESS _____

E-MAIL _____ FAX NO. _____

INFORMATION REQUESTED / SUBJECT

ITEM NO. / SYN NO. _____ MEETING DATE _____

Board Paper Certification Ordinance(s) DVD Other

ORDINANCE NO. _____ AGREEMENT NO. _____

OTHER (Explain): _____

___ MAIL 

___ E-MAIL 

___ FAX 

___ IN-PERSON PICKUP 