

SIMPSON COUNTY FISCAL COURT

Request for Public Records

Date of Request: _____	
To: _____	Name of County Department
Name: _____	
Address: _____	
Phone: _____	Fax/Email Address: _____

Is the information requested for commercial use? YES _____ NO _____

If so, state the commercial purpose for which the requested information shall be used:

SPECIFIC RECORDS REQUESTED:

I hereby certify that the above information is true and correct to the best of my knowledge. I agree to pay in advance for all costs associated with providing copies of the above requested records.

Signature of Applicant: _____ Date: _____

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For County Use Only:

_____ Date _____ Records Custodian of Simpson County Fiscal Court

Total # of Pages: _____	Please make checks payable to:
@ .10 per page _____	<u>SIMPSON COUNTY FISCAL COURT</u>
Postage: _____	Check: _____
(if applicable) _____	Cash: _____
Other: _____	
(audio, video) _____	
Total Due: \$ _____	