

TOWN OF KIOWA RECORD REQUEST FORM

DATE _____

NAME _____

ADDRESS _____

PHONE NUMBER _____

DESCRIPTION OF RECORDS *(For more space, continue on back)*

Must be legible and specific.

INSTRUCTIONS: PICK-UP FAX MAIL

SIGNATURE *(When request is fulfilled)*

For Office Use Only:

Copies _____ Postage _____ Search Cost _____ Fax _____

TOTAL COST _____

DATE REQUEST FULFILLED _____

INITIALS OF STAFF MEMBER _____

DATE INFORMATION: Picked up _____ Faxed _____ Mailed _____