



Request for Public Records

Please print or type clearly. If you do not complete this form, a LOTT employee will contact you to obtain the information requested. Therefore it is important to leave at least one telephone number where you can be reached.

Name of person making request: _____

Name of organization (if applicable) _____

Mailing Address: _____

Telephone Number(s): _____

Fax Number: _____

Email Address: _____

Date and Time of Request: _____

Please describe the records you are requesting. If you know the title of the document(s), the date of the record(s), or any other identifying characteristic that would assist us in locating the record(s) requested, please indicate.

Requesting Document Copies Requesting to View Documents

Charges: The Requestor is responsible for payment of the cost of copying of records; viewing records at the LOTT Alliance Office is free of charge.

Copy Machine	15 cents per page*
Documents from Personal Computer	15 cents per page*
Documents from Compact Disks	15 cents per page*
Photographs	Actual cost**
Video Cassettes, CDs, and DVDs	Actual cost**
Any other form of reproduction	Actual cost**

*No charge for the first 20 copies

**Actual cost may include sales tax when referred to an outside vendor for copying

Signature of person making request: _____