VILLAGE OF CARROLLTON

PUBLIC RECORDS REQUEST FORM

Request Form #_____ Date _____

I hereby request the following public records for inspection. I further understand that if I request copies of any records I agree to pay the cost of said records at the rate of five cents ($.05) per page or one dollar ($1.00) per compact disc.

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Request received by: _____ Date: _____
Department

Request satisfied by: _____ Date: _____
Supervisor