

PUBLIC RECORDS REQUEST FORM

PROPERTY NUMBER _____ DATE REQUESTED _____

PROPERTY ADDRESS _____

CONTACT INFORMATION:

REQUESTED BY _____ COMPANY NAME _____

PHONE NUMBER _____ FAX NUMBER _____

INFORMATION REQUESTING _____ TIME PERIOD REQUESTING _____

Complete Consulting Services Group Office Use Only:

VERIFIED BY _____ DATE _____

APPROVED BY _____ NUMBER OF PAGES _____ AMOUNT DUE _____

COMMENTS/NOTES:

*PLEASE NOTE THAT COMPLETE CONSULTING SERVICES GROUP HAS UP TO FIVE BUSINESS DAYS TO DELIVER REQUEST