

# OSBORNE COUNTY

## REQUEST FOR RECORD INSPECTION

(To be completed by requester)

NAME: \_\_\_\_\_

ADDRESS (STREET): \_\_\_\_\_

ADDRESS (CITY, STATE, ZIP): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

**RECORD SOUGHT:** Please provide as specific a description as possible of the record(s) you desire to inspect. Include record titles and dates, as well as names of county agencies or departments which produced or hold the record(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHARGES:** A charge for providing access to public records is authorized by state law and has been established by the county governing body. These charges are set at a level to compensate the county for the actual costs incurred in honoring your request. The fee schedule established by the county is posted in this office.

(To be completed by the record custodian)

THIS REQUEST WAS: \_\_\_\_\_ GRANTED \_\_\_\_\_ DENIED

If Denied state reason: \_\_\_\_\_

*The charge for access to the record you requested is \$ \_\_\_\_\_*

**Prepayment of the above amount is:**

**required** \_\_\_\_\_

**not required** \_\_\_\_\_

*Your copy of this form is your receipt.*

TIME OF REQUEST DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ am / pm

TIME ACCESS PROVIDED DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ am / pm

STAFF TIME INVOLVED: HOURS \_\_\_\_\_ MINUTES \_\_\_\_\_

CHARGES: \$ \_\_\_\_\_

\_\_\_\_\_ PREPAID

\_\_\_\_\_ PAID

\_\_\_\_\_ BILLED

\_\_\_\_\_  
RECORD CUSTODIAN