EXHIBIT A

REQUEST FOR COPY OF PUBLIC RECORD

REQUESTOR'S NAME: _____

ADDRESS: _____
Street or P.O. Box

_____
City **State** **Zip Code**

_____
Telephone # **Cellular #**

_____
E-mail address

DESCRIPTION OF RECORD TO BE VIEWED AND/OR COPIED: _____

_____

_____

REASON FOR REQUEST: _____

_____

_____

Signed:

_____ _____
Requestor **Date**

_____ _____
Finance Personnel **Date**

NUMBER OF PAGES COPIED : _____

NUMBER OF PERSONNEL HOURS: _____

TOTAL FEE: _____

Note: A fee of twenty-five cents (.25) will be charged per copied page and a twenty-three dollar ($23.00) per hour personnel charge will be applied (one-hour minimum).