



## PUBLIC RECORDS REQUEST DOCUMENTATION

**\*\*Note to Requester: Retain a copy of this request for your files.\*\***

Name of MVESC Employee Receiving Request: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Request Submitted By: \_\_\_\_\_ E-Mail \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Fax \_\_\_\_\_ In Person

Requester Information (only if voluntarily provided; request may be made anonymously):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip (required): \_\_\_\_\_

Telephone (Optional): \_\_\_\_\_

E-mail (Optional): \_\_\_\_\_

Description of records requested:

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

Desired format (paper, electronic, etc.): \_\_\_\_\_

Method of delivery:

\_\_\_\_\_ In-Person

\_\_\_\_\_ Email

\_\_\_\_\_ Standard Mail

\_\_\_\_\_ Electronic media

\_\_\_\_\_ Other (describe): \_\_\_\_\_