



STOKES COUNTY PUBLIC RECORDS REQUEST FORM

DATE:

TITLE AND DATE OF REQUESTED RECORD IF KNOWN:

DESCRIPTION OF REQUESTED RECORD:

PREFERRED MEDIUM OF REQUESTED RECORD: PLEASE INDICATE:

ELECTRONIC COPIES DVD CD FLASH DRIVE

PREFERRED DELIVERY OF REQUESTED RECORD: PLEASE INDICATE:

E-MAIL:

FAX:

MAIL:

PICK UP (DATE & TIME):

CONTACT NAME (THIS INFORMATION IS OPTIONAL):

STAFF TO COMPLETE DURING RECORD REQUEST PROCESS

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DEPARTMENT OF RECORD:

DATE RECORD REQUEST WAS ACKNOWLEDGED:

DATE COST ESTIMATE (IF APPLICABLE) AND AVAILABILITY TIME FOR RECORDS PROVIDED:

FEES PAID (IF APPLICABLE):

DATE:

DEPOSIT PAID (IF APPLICABLE):

DATE:

SPECIAL SERVICE CHARGE (IF APPLICABLE):

DATE:

DATE RECORD REQUEST COMPLETED:

CUSTODIAN NAME:

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IF REQUEST WAS DENIED:

DATE:

REASON:

CUSTODIAN NAME: