OPEN RECORD REQUEST

Name: ___________________________________________ License/Registration #: ____________________

Address: _________________________________________________________________________
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State Zip

Email address: _________________________________________ Phone: (______) __________________

Description of document you are requesting:
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In some cases there may be a cost associated with your request. The charge for standard paper copies
reproduce by means of an office machine copier or a computer printer is $0.10 per page or part of a page. Each
side that has recorded information is considered a page.

How would you like to receive this information?

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__________________________________________   ______________________________________   ____________
Signature                   Printed Name                   Date