

Request No. \_\_\_\_\_

**I. Form CPRA Request**

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

Time: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Do you want us to make copies of responsive documents for an additional charge? \_\_\_\_\_

Description of the records sought:

(Please be as precise as possible. If your request produces a large number of documents, or documents from many different locations, it may delay our ability to locate and collect them. Staff may assist with narrowing the scope down to meet a specific need)

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CORRESPONDENCE LOG	
DATE:	ACTION:

10 Day Review Due \_\_\_\_\_ 14 Day Review Due \_\_\_\_\_

Form Prepared by: \_\_\_\_\_