## VILLAGE OF OXFORD PUBLIC RECORDS REQUEST

P		RECO	RDSIAW	Section	84-712	through	84-712.0	q
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(1) All citizens of this state, and all other persons interested in the examination of public records are

hereby authorized to (a) examine, make memoranda, copy using their own copying equipment,

all free of charge during the hours the office is kept open for the ordinary transaction of business

ALL REQUESTS MUST BE SUBMITTE	ED IN WRITING.				
INFORMATION PROVIDED B	Y REQUESTER				
Date of Request (mm/dd/yyyy)	Submitted To (Dept/Agency)	I am Submit In Person	ting This Request (pleas Scan-Computer	e check one) Fax	Mail
Name (print)		Mailing Add	ress (required)		
Telephone	Email Address	Fax Number			
	LEARLY IDENTIFY THE RECORD(S) OR		BEING REQUESTED		
Obtain copies of some Obtain copies of all rec ESTIMATE OF COSTS F			<b>PESTED RECORD(S) ARE P</b> L <b>D WE CONTACT YOU?</b> Call me to discuss. Fax Email By Mail I will return in person.	NOT AVAILAB	BLE,

REQUESTER SIGNATURE: X \_\_\_\_\_

FOR OFFICE USE ONLY:		
Date Received (mm/dd/yyyy)	Received By & Time:	