

Exhibit "A"

REQUEST FORM

For Copies or Reproduction of Public Record

- 1. Description of record: _____

- 2. Date of record (best estimate): _____
- 3. Public agency or Board having custody of record: _____

I agree to pay the actual cost of searching, reviewing, duplicating and/or mailing copies of the requested public records, estimated to be \$_____.

Signature of Person Requesting Record

CLERK'S ACKNOWLEDGMENT

I acknowledge receipt of \$_____ from the above individual as payment in full for the cost of searching, reviewing, duplicating and/or mailing the requested records.

Date: _____

Clerk