



**REQUEST TO INSPECT PUBLIC RECORD
DS 43 (Rev. 8/2003) (Electronic Version)**

Name	Representing	
Address	Telephone Number	Date
Signature - Requestor 		

Complete Description of Public Record:

<input type="checkbox"/> Inspected: Date _____	<input type="checkbox"/> Disclosure of the requested record is prohibited by law:
<input type="checkbox"/> Requestor Photocopied: Date _____	_____
<input type="checkbox"/> Copies Provided: Date _____	_____
<input type="checkbox"/> Payment Received: Date _____	_____

Signature - Departmental Representative 	Unit	Date
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