REQUEST FOR PUBLIC RECORD

VILLAGE OF BANCROFT

NAME:	DATE:	
ADDRESS:		
PHONE:		
I request to have the public record(s) supplied to me	e in the following form:	Inspection Copies
Name and brief description identifying public recor		
PAYMENT MUST BE RECEIVED PRIOR TO		
Delivery to above address?		
List alternate, if applicable		
I understand a public body must respond to my recreeived. The public body must grant or deny all extending for ten (10) business days, the period in In place of these deadlines, I agree to allow the pu	which the public body mus	st respond to my request.
Signature		
OFFICE USE ONLY		
Costs: In advance (over \$50.00)	Final Account:	
Estimate	Mailing	
(-) 50%)	Labor copies @ .15 each	
Amount Due:	Other Total Amount Due:	
Date Available:	Amount Due:	
Date Available.		