REQUEST FOR PUBLIC RECORDS

Name:		<u></u>	
First		Last	
Organization	(Optional):		
Address:			
Stree			
City		State	Zip Code
Phone Number:		Email Address:	
How do you v	want to access these records?		
□ Pape	r copies		
□ Elect	ronic copy via Email		
□ Elect	ronic copy via thumb drive		
	ronic copy via compact disk		
□ View	originals on site		
□ Othe	r		

RVSS will acknowledge receipt of this request within 5 business days.

Within 10 business days after acknowledging the request, RVSS will either:

- Fulfill the request
- Notify you that the cost to fulfill the request will exceed \$25, and provide you with a cost estimate.
- Notify you that time required to fulfill the request will be longer than 10 days, and provide you with an estimated time to complete.
- Notify you that the requested records are exempt from disclosure, and provide you with a reference to the statute that justifies the
 exemption.
- Notify you that the requested records are not available.

Fees for public records are defined in RVSS Schedule for Miscellaneous Fees