

REQUEST FOR PUBLIC RECORDS

Name: _____
First Last

Organization (Optional): _____

Address: _____
Mailing Address

City State Zip Code

Phone Number: _____ Email Address: _____

Please describe your request with as much specificity as possible:

How do you want to access these records?

Paper copies
Electronic copy via Email
Electronic copy via thumb drive
View originals on site
Other _____

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