

OPEN RECORDS REQUEST FORM

NAME: _____
PRINTED SIGNATURE

COMPANY: _____

PHONE: _____ DATE REQUESTED: _____

YOUR OPEN RECORDS REQUEST
(PLEASE DESCRIBE YOUR REQUEST IN DETAIL)

PLEASE SELECT MEDIA:

E-MAIL (.txt or .xls)

ADDRESS: _____

FTP SITE (.txt or .xls)

ADDRESS: _____

CD-PICK UP (.txt or .xls)

CD-MAIL (.txt or .xls)

ADDRESS: _____

OTHER: PICK UP

TCAD USE ONLY:	
DATE RECEIVED: _____	METHOD RECEIVED: _____
	AMOUNT OF FEE: \$15.00 Limited data list
	\$40.00 Appraisal Roll/GIS Shape File
FEE RECEIVED: YES or NO	\$25/hr Research/Data Filtering
	\$250.00 Detailed mapping
RECEIVED BY: _____	OPEN RECORDS REQUEST #: _____