

**PIGEON DISTRICT LIBRARY
REQUEST FOR PUBLIC RECORD**

Name (Please Print)

Address (include zip code)

(_____) _____
Telephone Number

1. State the name or provide a description of the public record you are requesting:

2. Regarding the document of interest, do you

____ want a copy or ____ just want to look at it

Signature of requesting individual

Date

TO BE COMPLETED BY LIBRARY STAFF

Cost assessment:

Mailing \$ _____

**Labor
(to nearest ¼ hr)** \$ _____

**Copy charges
(# of pages @ 10¢ per page)** \$ _____

Total Due: \$ _____

Date: _____

Staff person receiving request