



HCAOG Public Records Request Form

Your Information

First Name

Last Name

Company/Organization

Email

Phone Number

Street Address

City/State/Zip Code

Preferred Method of Communication E-mail Phone Mail

Is this request for media purposes? Yes No

Preferred format of records Electronic Physical

Records Requested

In order for us to provide a timely and complete response, please provide as much detailed information as possible regarding the records you seek. Please attach additional pages if necessary.

By signing below you acknowledge that the fee for preparing a physical copy of any document larger than 10 pages is \$.50 per page. We can only accept cash, check, or money order.

Signature

Date