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Inspection of Public Records

Date _____ Time In _____ Time Out _____

Person Inspecting Records

Name Signature

Staff Person in Attendance

Name Signature

Records Reviewed (describe)

Copies of Public Records

<u>Record</u>	<u>No. Pages</u>	<u>Delivery Method (mail, e-mail, etc.)</u>	<u>Date of Delivery</u>	<u>Cost (if any)</u>	<u>Date and Method of Payment</u>
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Staff Person Providing Copies

Name Signature