

PUBLIC RECORDS REQUEST APPLICATION [Print legibly]

Name of Applicant Requesting Records: _____

Physical and Mailing Address: _____

Phone Number: _____ Email: _____

Pursuant to the Wyoming Public Records Act, W.S. 16-4-201 et seq., I am requesting an opportunity to inspect or obtain copies of public records as described below:

Description of record sought (Describe in detail the information you are requesting)

Official Custodian (if known) of the record sought: _____

_____ I would like to inspect the records at the site of the official records.

_____ I would like to receive copies of the record. I understand that I am responsible for the costs to provide the records and authorize costs up to \$_____. I further understand that I will be contacted if the estimated costs are greater than the amount I have specified. I understand that if I am not willing to authorize or pay the additional costs the county is not obligated the records.

This request may be delayed if all the information is not provided.

Copies of the information requested will be provided as soon as reasonably possible. I recognize this records request form is a public document.

Signature Date

Send Application to: Crook County Clerk PO Box 37 Sundance, WY 82729 Fax 307-283-3038
melissaj@crookcounty.wy.gov

County Use Only	
Date Received by Public Records designee County Clerk: _____	Signature _____
Date this Application and Notice by Designee of Public Records Application delivered to the Custodian: _____	
Receipt Signature of Custodian: _____	
Action by Custodian: Accepted _____ Rejected _____ Other: _____	
Date of Completion: _____	Amount Due: _____ Date picked up or delivered to Applicant: _____