

For Office Use Only

Date Received: _____

Received by: _____

Completed: _____

ONslow COUNTY
OPEN RECORDS REQUEST

1. Date of Record Request: _____

2. Name of Requesting Party: _____

3. Date and Department of Last Request for Public Record by Requestor: _____

4. Description of Record of Document(s) Requested (to include subject of document, date of document, office, or author, if known):

5. Onslow County Department to which request is being made: _____

6. (If applicable) Onslow County Department to which request was referred and date of referral:

Date Requestor Notified of Transfer: _____

7. I am aware that the County may charge for records under the Public Records Act. I agree to compensate Onslow County for the reasonable cost of producing the records requested up to \$5.00. I understand that I will be contacted should the estimated cost of responding to my request be in excess of \$5.00 and that the County will hold my request until I have agreed to the extra cost.

Printed Name of Requestor

Signature