

## 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 if 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

**\*\*FAX BACK TO 910-989-5819\*\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email Address