

Attachment A

Madison County Government Public Records Request Form

Date of request: _____

Requestor's name: _____

Mailing Street Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Email address: _____

Record Information

Title of requested record (if known): _____

Date requested record was created (if known): _____

Location/Department where requested record is located (if known): _____

Record Format

_____ I want to inspect the record (no duplication fee)

_____ I want the record emailed to the email address provided above (no duplication fee)

_____ I want a photocopy of the record (duplication fee, see Public Records Procedure)

_____ I want a digital copy of the record (duplication fee, see Public Records Procedure)

(For Internal Madison County Use Only)

Date request received: _____ Date request completed: _____

Fees associated with record request: _____
