

VILLAGE OF MATTAWAN
REQUEST FOR PUBLIC RECORD

Name

Address (In full -- include zip code)

Telephone

1. Please state the name of the public record you are searching for:

2. Do you wish to examine it or to receive a copy?

Examine

Receive a copy

Signature of requesting individual

Date

Cost Assessment:

Mailing: \$ _____

Labor: \$ _____

(to the nearest ¼ hr)

Duplication: \$ _____

Total Due: \$ _____

Date: _____

Person Receiving Request