

Town of Smithfield, North Carolina Government Records Request Form

Requestor Information – Please Print

First Name _____	M.I. _____	Last Name _____
Company Name (if request is for firm) _____		
Mailing Address _____		
City _____	State _____	Zip _____
Email Address: _____ @ _____		
Business Hours Telephone: (____) _____ ext. _____		
Home Telephone Number (____) _____		
Preferred Delivery: <input type="checkbox"/> Pick up <input type="checkbox"/> US Mail <input type="checkbox"/> View Documents On-Site		
Signature: _____		Date: _____, 20____

Record Request Information: To expedite the request, be as specific as possible in describing the record(s) being requested. Also, please include the type of access requested (copying or inspection) and if data, the medium requested.

***** Agency Use Only *****

Est. Document Cost _____
Est. Delivery Cost _____
Est Extra Costs _____
Deposit Amount _____
Estimated Balance _____
Deposit Date: _____

<p>Custodian: If any part of the request cannot be delivered in seven business days, detail reasons here:</p> <p><input type="checkbox"/> In Progress <input type="checkbox"/> Denied <input type="checkbox"/> Complete <input type="checkbox"/> Partial</p>
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Tracking Information:	
Date Request Rec'd:	_____
Date Info Delivered:	_____
Total Pages:	_____
Total Cost:	\$ _____
_____ Custodian Signature	
_____ Date	