Written Request for Inspection or Copying of Public Records

Name: ____________________________________________________________

Name of Company: __________________________________________________

Address: __________________________________________________________

City __________________ State ______ Zip ______

Telephone #: __________________ Fax: _________________________________

E-Mail: ___________________________ Date of Request: _________________

Please specify the public record(s) you are requesting and indicate whether you wish to inspect the copies or receive a copy of such record(s). Also, identify those public records which are to be certified.

COMMERCIAL_______ COPY ______ INSPECT _______ CERTIFY ________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

The Village of Hampshire will respond to the above request within (5) working days from the above date, for commercial (21) working days.

__________________________________________

Signature

Estimate date completed: ______________
Routing for Response:  
____ President  
____ Administrator  
____ Clerk  
____ Treasurer  
____ Public Works  
____ Community Development  
____ Zoning  
____ Building  
____ Planning  
____ Attorney  
____ Police Dept.  
________ Other (Specify)  

CC:  
____ President  
____ Administrator  
____ Clerk  
____ Treasurer  
____ Public Works  
____ Community Development  
____ Zoning  
____ Building  
____ Planning  
____ Attorney  
____ Police Dept.  
________ Other (Specify)  

**Request for Public Records**

Information Gathered by: ________________________________________________

Date: __________________________________________________________________

Information Received by: ________________________________________________

Date: __________________________________________________________________

Amount Charged for Copies: ______________________________________________

Receipt Number: _________________________________________________________