



Request for Disclosure of Sudden Valley Records

Person Making Request: (Please Print)

Person Making Request: (Please Sign)

Phone Number:

Div: _____ **Lot:** _____

Physical Address:

Mailing Address:

Email Address:

Item (s) Being Requested:

Purpose of Requested Items/Forms/Documents:

Below This Line For Staff Use

Date of Request: _____

Date Copies Made: _____

Date Copies Picked Up: _____

Date Item (s) Returned: _____

Request Made:

in Person

by Phone

by Fax

by Mail

by Email

Attach Request if Applicable

Records are for:

Private Use Public Use

Forms Released by (print): _____ Signature: _____

Date: _____

Approved by (print): _____ Signature: _____

Date: _____