

MARSHALL COUNTY COMMISSION
REQUEST FOR ACCESS TO COMMISSION RECORDS

Name: (picture ID required)	
Address:	
Telephone:	
Record Request: (please be specific)	
Reason:	
_____	_____
Signature	Date

-COMMISSION OFFICE USE-			
Id Verification	Type:	State:	Number:
Approval Date		Approved By	
Documents Released			

Fee for Records

Copies - \$0.25 per page # copies _____

Research Time - \$10 per half hour Time _____

TOTAL

The records to be released have been reviewed and the fee for this request has been calculated:

 Signature – Chairman/Elected Official/Administrator