

# Goshen County, Wyoming Public Record Request

Name of Person Requesting Records: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Under the **Wyoming Public Records Act, §16-4-201 et seq.**, I am requesting an opportunity to inspect or obtain copies of public records as described below:

**Description of Record Sought (Describe in detail the information you are requesting)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I would like to inspect the records.

\_\_\_\_\_ I would like to receive copies of the record. I understand that I am responsible for the costs to provide the records and authorize costs up to \$\_\_\_\_\_. I further understand that I will be contacted if the estimated costs are greater than the amount I have specified, and that the county will not respond to a request that I have not authorized adequate costs.

Copies of the information requested will be provided as soon as reasonably possible. I recognize this records request form is a public document.

\_\_\_\_\_  
Signature Date

*This request may be delayed if all the information is not provided.*

County Use Only

Date Received: \_\_\_\_\_ Received by \_\_\_\_\_ Date Due: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Completed by: \_\_\_\_\_ Amount Due: \_\_\_\_\_ Date picked up or delivered: \_\_\_\_\_