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: __________

(CK06/19)