

## VILLAGE OF GLANDORF PUBLIC RECORDS REQUEST

| Name of Requester:                                |  |
|---|--|
| Date Requested:                                   |  |
| Address:  |  |
| City/State/County/Zip (required):                 |  |
| Telephone:  | E-mail:  |
| Fax (Optional):                                   |  |
| can identify the information that y if necessary. | much specific detail as possible so the public body<br>you are seeking. You may attach additional pages, |
|   |  |
|   |  |
| Do you want Electronic Copies or                  | Paper Copies?  |
| If you want Electronic Copies, in                 | what format?   |