



CAC Tracking #: YYYYMMDD-II-#		
Assigned	DD MMM YYYY	Supervisor Initials
Completed	DD MMM YYYY	Supervisor Initials
Reviewed	DD MMM YYYY	Supervisor Initials
Total Hours		

# Request to Inspect Public Records

Received by		Assigned to	
Date Received		Time Received	
Client's Name			
Representing			
Client's Contact Info			

**I have read the Department's guidelines and wish to inspect the following public records.**  
**Complete Description:**

**To be completed by Departmental personnel:**

<input type="checkbox"/> Approved	<input type="checkbox"/> Disclosure of the requested information is prohibited by law. State reason(s) below.	<input type="checkbox"/> Description inadequate to identify records.
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