

**RECORD OF INSPECTION and/or
DELIVERY OF COPIES**

Inspection of Public Records

Date _____ Time In _____ Time Out _____

Person Inspecting Records

Name Signature

Staff Person in Attendance

Name Signature

Records Reviewed (describe)

Copies of Public Records

<u>Record</u>	<u>No.</u> <u>Pages</u>	<u>Delivery Method</u> <u>(mail, e-mail,</u> <u>etc.)</u>	<u>Date of</u> <u>Delivery</u>	<u>Cost (if any)</u>	<u>Date and</u> <u>Method of</u> <u>Payment</u>
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Staff Person
Providing Copies

Name Signature