



TOWN OF TAYLOR

PUBLIC RECORDS INSPECTION AND COPY REQUEST FORM

I, _____ hereby request the custodian of records for the
(Name, Address and Telephone of requesting party)

_____ Department of the Town of Taylor on _____ to provide for
(Date)

inspection and/or a copy of the public record(s) specified below:

FOR TOWN USE ONLY

No. of Copies _____ Amount Charged _____ Date Provided _____