**Section 2701.APPENDIX A Office of Public Counsel Request for Public Records**

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| Date of request: |  |
| Name: |  |
| Mailing address: |  |
|  |  |
|  |  |
| City, State, and zip code: |  |
| Daytime (8am-5:30pm) telephone number: |  |
| Whom are you representing? |  |
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| Please state the specific purpose for the request: |
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| Please identify the information that you would like to review:  |
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| Please state how you would like to review this material (circle the appropriate number): |
| 1. | I would like to inspect, but not copy, this material. |
| 2. | I would like a copy of this material. |
| 3. | I would like to inspect and copy this material. |

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| If you want a certified copy of any of the documents that are being copied, please identify  |
| which documents you want certified: |  |
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| Additional comments: |  |
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| Please sign your name |  | Date of signature |