

PUBLIC RECORDS ACT INSPECTION REQUEST

DSH 2153 (Rev. 3/13)

Name/Title	Representing
Address	Phone Number
E-mail Address	Fax Number

I have read the Department's Public Records Act Inspection Guidelines (see MH 2154, Rev. 01/05) and wish to inspect the following public record.

SIGNATURE	Date
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Complete Description

TO BE COMPLETED BY DEPARTMENTAL OFFICE:

- Approval
- Inspected _____
- Disclosure of the requested record is prohibited by law.

Departmental Representative	Section	Date
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