



**Request for Inspection/Copying of Record**

To PURA Record Custodian

I, \_\_\_\_\_ Request the documents listed below:  
(Please Print Name)

**DETAILED DESCRIPTION OF DOCUMENTS BEING REQUESTED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUESTOR INFORMATION**

COMPANY NAME: (if applicable) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_

PURPOSE OF REQUEST:  Court Case  Personal  Other please specify

SIGNATURE: \_\_\_\_\_

**FOR PURA USE ONLY**

REQUESTED BY  In Person  Phone  Fax Mail  Email

AVAILABILITY  Paper Copy  Electronic Forman

LOCATION  On Site Available  Off Site In Storage

**FEEES**

1st Hour Research No Charge		= \$ -0-
Research Fee:	_____ hours @ hourly rate of \$30.00/hour	= \$ _____
Copying Fee:	_____ pages @ cost per page of \$ .25/page	= \$ _____
Certification Fee:	_____ pages @ cost per page of \$ _____	= \$ _____
Other Fee:	_____ items @ cost per item of \$ _____	= \$ _____
<b>TOTAL DUE FEE</b>		<b>\$ _____</b>

**Having received the foregoing cost estimate I choose to confirm my request for the records described and agree to pay the charges at the time the records are made available.**

Yes  No – Cancel Request

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date