BENTON COUNTY
REQUEST FOR PUBLIC RECORDS

TO BE COMPLETED BY REQUESTOR:

DATE OF REQUEST: _____ **TIME:** _____

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

E-MAIL/OTHER CONTACT INFORMATION: _____

I WOULD LIKE TO (mark all that apply): ☐ Inspect the public records *(Free)*
☐ Obtain copies of the public records *(Subject to applicable fees and costs)*

DESCRIBE THE RECORDS YOU ARE REQUESTING: _____

CASE NUMBER, PARCEL NUMBER, OR OTHER APPLICABLE KEYWORD(S) OR NUMBER(S): _____

NOTE: If the request is for a list of names and/or addresses, please attach a signed statement, under the penalty of perjury, that the list will not be used for any commercial purposes.

TO BE COMPLETED BY RECORDS OFFICER:

DATE RECEIVED: _____ TIME: _____

OFFICE/DEPARTMENT/COMMISSION/BOARD: _____

RECORDS OFFICER: _____