



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

FEES

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 \$ _____	= \$ _____
TOTAL DUE FEE		\$ _____

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