## **PUBLIC RECORDS REQUEST APPLICATION** [Print legibly]

Phone Number:		Email:
Pursuant to the	Wyoming Public Records Act, W.S.	. 16-4-201 et seq., I am requesting an
opportunity to i	nspect or obtain copies of public re	ecords as described below:
Description of r	ecord sought (Describe in detail the	e information you are requesting)
Official Custodia	an (if known) of the record sought:	
	would like to inspect the records a	t the site of the official records.
	would like to receive copies of the	record. I understand that I am responsible
f	or the costs to provide the records	and authorize costs up to \$ I
f	urther understand that I will be cor	ntacted if the estimated costs are greater
t	han the amount I have specified. I	understand that if I am not willing to
a	uthorize or pay the additional cost	s the county is not obligated the records.
This request ma	y be delayed if all the information i	is not provided.
Copies of the in	formation requested will be provid	ed as soon as reasonably possible. I recognize
this records req	uest form is a public document.	
Cignotius		
Signature	n to: Weston County Attorney 204	Date W Main Nowcastle, WV 92701
mstulken@wes	•	w Mail Newcastie, W1 62701
mstarken@wes	.ongov.com	
	County U	Jse Only
ite Received by Pul	blic Records designee County Attorney	y: Signature
te this Application	and Notice by Designee of Public Rec	ords Application delivered to the
	Receipt Signature of Custodian:	
	AcceptedRejected	
	Amount Duc.	Date picked up or delivered to Applicant: