

PUBLIC RECORDS REQUEST APPLICATION
CONVERSE COUNTY, WY



Name of Applicant Requesting Records: _____
Physical Address: _____
Mailing Address: _____
Phone Number: _____
Email: _____

Pursuant to the Wyoming Public Records Act, W.S. § 16-4-201 et seq., I am requesting an opportunity to inspect or obtain copies of public records as described below:

Description of record(s) sought (Describe in detail the information you're requesting):

Official Custodian of the record sought (if known): _____

_____ I would like to inspect the record(s) at the site of the official records.

_____ I would like to receive copies of the record. I understand that I am responsible for the costs to provide the records and authorize costs up to \$ _____. I understand that I will be contacted if the estimated costs exceed the amount I have authorized prior to fulfillment. I understand that if I am not willing to pay the additional costs, the County is not obligated to provide the records.

_____ I would like a copy of the fee schedule.

Copies of the information requested will be provided as soon as reasonably possible, and pursuant to W.S. § 16-4-201 et seq. Incomplete applications will expire in sixty (60) days from the date of the request. Any record(s) not retrieved will be destroyed thirty (30) days from the date I am notified, and I can reapply at any time.

Signature

Date

Send Application to:

Converse County Special Projects, 107 N. 5th St., B-6, Douglas, WY 82633 or email to:

records.request@conversecountywy.gov