

Public Records Request

Requester Information

Name of Requesting Individual		Title
Phone	Fax	E-Mail
Firm or Trade Name		
Mailing Address		
City	State	Zip Code

Record(s) Requested

Describe the record you are requesting. Please be as specific as possible and include enough detail to assist the staff of the Destin Fire Control District in locating the record(s). Please list all records being requested. If more space is required, attach additional Public Records Request Forms.

Description of Records Requested

Receiving Records Information

I prefer to receive the record(s)

- By postal mail at the mailing address above
- By e-mail at the e-mail address above
- In person

Signature of Requesting Individual	Date
Name of Individual Releasing Records	Title
Signature of Individual Releasing Records	Date