



PUBLIC RECORDS REQUEST

All sections are required to be completed

Today's Date: _____ Date range of records requested: _____

Records requested (Please be specific. The more specific your request is, the faster we can complete it. Being specific also helps us to avoid giving you too much or too little information.):

Your Name: _____

Agency/Company: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____

Email: _____

To request records, please fill out the below form and email to:
chief@southparkambulance.com.

In the email subject line please enter: Custodian of Records