



TITLE Wyoming Public Records Act Request Form	APPROVAL DATE July 9, 2019
SECTION Administration	FORM REVISION DATE October 17, 2022; March 2026

Wyoming Public Record Act Request

Name of Person Requesting: _____

Records: _____

Address: _____

Phone Number: _____ Email: _____

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

Description of Record Sought (Describe in detail the information you are requesting)

_____ I would like to inspect the 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 further understand that I will be contacted if the estimated costs are greater than the amount I have specified, and that the county will not respond to a request that I have not authorized adequate costs.

Copies of the information requested will be provided as soon as reasonably possible. I recognize this records request form is a public document.

Signature

Date

This request may be delayed if all the information is not provided.

Cheyenne Laramie County Public Health Use Only

Date Received: _____ Received by: _____ Date Due: _____ Date Completed: _____

Completed by: _____ Amount Due: _____ Date picked up or delivered: _____