



## **Public Records Information Request**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please indicate the format in which you would like to receive the record:

Email ☐

Paper copy ☐

REQUEST (*DETAILED DESCRIPTION PLEASE*):

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### **FORM MUST BE PROVIDED TO THE TOWN CLERK** **FOR OFFICE USE ONLY:**

**REQUEST:**    ☐ APPROVED    ☐ DENIED (*EXPLANATION REQUIRED*):

DATE SUBMITTED: \_\_\_\_\_

DATE PROVIDED TO TOWN CLERK: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

DATE PICKED UP: \_\_\_\_\_

Town of Cape Carteret  
102 Dolphin Street  
Cape Carteret, NC 28584