REQUEST FOR PUBLIC INFORMATION

[These areas (*) of this form must be completed; if left blank, this request will not be processed]

*Requestor: ____________________________  *Date: ____________________________

PRINT Name

*Address: ____________________________  City  State  Zip

*Res. or Cell Ph: [ ] ____________________  *Bus. Ph: [ ] _____________________

E-mail: ____________________________  Fax: [ ] ____________________________

I request the release of, and/or to review, the following public information from the licensee's file:
(e.g. employee listing, tax map, etc.)

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

*Trade Name or Licensee Name: ____________________________  *Signed: ____________________________

Liquor License Number: ____________________________  *Signed: ____________________________

NOTES:  • If the research/copy requires extensive work hours, the Requestor will be contacted to "discuss" the
        job before the Liquor Commission commences the work.
        • The Requestor is to pay for the applicable copying charges, search, review, and/or segregation fees;
          refer to box below "Copying Charges".

[THIS PORTION TO BE COMPLETED BY LIQUOR COMMISSION PERSONNEL]

RELEASE OF INFORMATION COMPLETED BY:

________________________________________________________________________

Investigator/Clerk

APPROVED:

________________________________________________________________________

Administrator/Designee

Date

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