



TOWN OF WHITE SPRINGS

"On the Bank of the Suwannee River"

Requester Name: _____

Address/Email/Phone _____

Date of Request ____/____/____

Description of Records Requested:

Preferred Delivery: Inspection in Person ____ Copies ____ Electronic (If available)

Requester Signature (optional) _____ **Date:** _____

For Office Use Only:

Request # _____ **Received By:** _____ **Date:** _____

Assigned To: _____ **Estimated Completion** ____/____/____