OFFICIAL PUBLIC RECORD REQUEST APPLICATION
THE CROOK COUNTY WEED AND PEST

Name of Applicate Requesting Records: _____

Physical and Mailing Address: _____

_____

_____

Phone Number: _____-_____-_____ Email: _____

Pursuant to the Wyoming Public Records Act, W.S. 16-4-201 et sew., 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)

_____

_____

_____

_____

_____

_____

Office Custodian (If Known) of the record sought:

☐ I would like to inspect the records at the site of the official 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 contracted if the estimated costs are greater than the amount I have specified.

I Understand that if I am not willing to authorized or pay the additional costs the Weed and Pest is not obligated the records.

I understand that the fees and costs charge for production of the records will be as established pursuant to the Uniform Procedures, Fees, Costs and Charges for Inspection, Copying and Production of Public Records, adobted by the Wyoming Department of Administration and Information; a copy of which will be made available to me upon reqest

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

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

_____ _____

Signature Date

Send Application To:
Crook County Weed and Pest
PO Box 7
Sundance, Wyoming 82729
info@crookcountyweeds.com

Crook County Weed and Pest Use Only

Date Received by Public Records designee County Clerk: _____ Signature: _____

Date this Application and Notice by Designee of Public Records Application delivered to the Custodian: _____

Receipt Signature of Custodian: _____

Action by Custodian: Accepted ☐ Rejected ☐ Other ☐ _____

Date of Completion: _____ Amount Due: _____ Date Picked up or delivered to Applicant: _____