

Process Completed _____

File Number _____

Rutherford County Public Records/Information Request Form

Date _____

Printed Name _____

Signature _____

Address _____

City, State, Zip _____

Phone _____

Fax Number _____

E-mail Address _____

Description of public records/information request:

(Please be as specific as possible.)

Return via email to kim.aldrige@rutherfordcountync.gov

You will be contacted when the information is available for you to review along with instructions as to location of the information. If a cost is associated with the request, you will be notified prior to any charges being incurred. Standard copies are \$0.15 per impression with non-standard copies at county's cost. Data processing surcharges will be collected, if incurred.

Form updated on Friday, January 23, 2015

Assigned File Number	Letter of Completion Sent
Recorded / Tracking	Fee: Y N # of Pages Amount Due
Submitted to Department	Fee Received Y N
Letter of Receipt Sent	Record/Information Released