



KARL L. KEITH
MONTGOMERY COUNTY AUDITOR

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Public Records Request Form

This form is not mandatory. You are not required to make a written request or provide your identity, but this form will help us fulfill your request in a timely manner.

Name_____ Date_____

Address_____ City_____ State____ Zip_____

Phone Number_____ Email_____

Please describe what records you would like to review:

How would you like to view the records?

- Inspect the records in person
- Email me the records at the email address above
- Mail me the records at the address above
- Make a compact disk or paper copies of the records that I may pick up

Potential costs:

\$0.10 per paper copy

\$1 per compact disk

Mailing costs may vary depending upon size and postal rate

Employee Handling Request_____ Date Fulfilled_____