

**VILLAGE OF SOMERSET
REQUEST FOR ACCESS TO PUBLIC RECORDS**

Request Date: _____

Requester's Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Description of Requested Record(s):

Purpose of Request:

Length of Record Period:
_____ to _____

I understand the Village of Somerset shall grant access to public records, right to inspect, copy and/or receipt of record copies under Village Ordinance 3-3-4. I further understand the Village of Somerset's photocopy charge is \$0.25 per page.

Signature

Office Use Only

Received by: _____ Date: _____