



REQUEST TO VIEW / COPY RECORD(S)

State Form 47135 (R / 9-07)

Approved by State Board of Accounts, 2007

LAW ENFORCEMENT TRAINING BOARD

- INSTRUCTIONS:**
1. Please type or print clearly.
 2. Please fill-in the Requestor Identification section as completely as possible.
 3. Present your identification to the staff for verification.
 4. If you have a subpoena or other court papers for specific records, please give them to the person processing your request.
 5. Please identify, with reasonable particularity, the record(s) being requested for viewing and/or copying.

| REQUESTOR IDENTIFICATION | | | |
|---|-----------------|--------------------------------------|----------------------------------|
| Last name | First name | Middle name | Date of birth (month, day, year) |
| Home address (number and street, city, state, and ZIP code) | | Home telephone number () | |
| Name of business | | Business telephone number () | |
| Business address (number and street, city, state, and ZIP code) | | | |
| Date of request (month, day, year) | Time of request | Purpose of request | |

| RECORDS REQUESTED |
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| I have received satisfactory access to the record(s) specified on this form and have no further requests at this time. | | |
| Signature of requestor | Date (month, day, year) | Time |

| FOR LETB USE ONLY - DO NOT WRITE IN THIS SECTION | | |
|--|-------------------------|------|
| Status <input type="checkbox"/> Record(s) viewed, but not copied. <input type="checkbox"/> Records copied by staff at \$5.00 per item. Total transcripts / duplicate certificates: _____ Total cost = _____ | | |
| I have complied with all requests for access to the record(s) specified on this form within the limits of my authority. | | |
| Signature of person processing request | Date (month, day, year) | Time |
| LETB comments | | |
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