

**HOBACK RANCHES SERVICE AND IMPROVEMENT DISTRICT**  
**PUBLIC RECORD REQUEST**

Name of person requesting records: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Under the **Wyoming Public Records Act, 16-4-201 et seq.**, 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)**

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\_\_\_\_\_ I would like to inspect the records.

\_\_\_\_\_ I would like to receive copies of the record. I understand that I am responsible for the cost to provide the records and authorize cost of 25 cents per page.

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

\_\_\_\_\_  
Signature Date

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

**HRSID USE ONLY**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_ Date due: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Completed by: \_\_\_\_\_ Amount due: \_\_\_\_\_ Date picked up or delivered: \_\_\_\_\_