

**NOTICE OF REVIEW
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

Date of Request: _____
Name of Requestor: _____
Address of Requestor: _____
Telephone Number of Requestor: _____

Type of Review Being Sought:
 Request for Specific Record
 Estimate of Fees
 Estimate of Time to Respond
Short Explanation of Review Being Sought Including Specific Records Requested:

Name of Public Record Officer: _____
Address of Public Record Officer: _____
Name of Governmental Entity: _____
Address of Governmental Entity: _____

You must include with the submission of this Notice of Review - Request for Disclosure of Public Records form the following information: (1) A copy of your written request to the public record officer; (2) A copy of the public record officer's denial or response to your written request, if any; and (3) Any other information relevant to the request that you desire to be considered.

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Requestor:

The Notice of Review - Request for Disclosure of Public Records form shall be completed and submitted, via registered or certified mail, return receipt, to the following address:

Office of Hearing Examiners
500 E. Capitol Avenue
Pierre, South Dakota 57501
605-773-6811
