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 want 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
523 E. Capitol Avenue
Pierre, South Dakota 57501
605-773-6811