

**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

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