



COMMISSION ON JUDICIAL CONDUCT
REQUEST FOR PUBLIC RECORDS

Date: _____
Name: _____
Address: _____
Telephone: _____
Representing: _____

Description of Records:

Number of copies: _____

Number of pages: _____

Per page charge: 0.15

Charge: _____

Shipping: _____

Tax: _____

TOTAL: _____ Cash _____ Check _____

I certify that lists of names obtained through this request for public records will not be used for commercial purposes. I understand that I must abide by the Rules and Regulations published by the agency identified, for the protection of the public records, a copy of which I have read and understand.

Staff Initials _____

X _____

Requestor's Signature