SPRINGFIELD HOUSING AUTHORITY

PUBLIC RECORDS REQUEST FORM

Name: _____ Date: _____

Address: _____

Tel.: _____ Fax: _____ Email: _____

Description of Records requested: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

(continue on next page)

Date(s) of records requested (if applicable): _____
_____
_____

Preferred method for receiving the records sought/ response from the SHA Records Access Officer or

By email ☐ By mail ☐ By fax ☐ Will pick up ☐

I confirm that I reviewed the Springfield Housing Authority's Public Records Access Policy

_____ Signature

If you have any questions regarding your Public Records Request Form please contact the SHA Records Access Officer at 785-4514 or 785-4500 x 600

For SHA use only

Request Received by: _____

Date received: _____ Date logged: _____