BUFFALO COUNTY PUBLIC RECORDS REQUEST FORM

Date:_____

First Name:_____ Last Name:_____

Address:_____

City:_____ State:_____

Email Address:_____

Phone Number:_____

Office Records Requested from:_____

Preferred Medium (subject to the existing state or format of the existing public records and to Buffalo County and its Offices' policies) See BUFFALO COUNTY PUBLIC RECORDS COST SCHEDULE for potential mediums:_____

Records Requested:

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