

**PCMHRB
PERSONNEL POLICY AND PROCEDURES MANUAL**

**REQUEST FOR THE INSPECTION/RELEASE
OF PUBLIC RECORDS**

FORM KK

_____ Representing _____
(Name) (Organization)

_____ Requesting to _____ Inspect
(Name)

and/or _____ Obtain copies of the following public payroll records:

In exchange for the inspection and/or release of the payroll information identified above, the undersigned individual/organization agrees to indemnify and hold harmless PCMHRB and its officials for any and all liability directly or indirectly arising from the inspection and/or release of said public records.

OFFICE USE ONLY

Number of copies @ actual cost per copy = _____

Payment received by _____ Date _____