

NORTH CAROLINA BOARD OF FUNERAL SERVICE
REQUEST FOR REVIEW OF PUBLIC RECORDS

Person making request-

Name

Address

City, State, Zip Code

Signature

File(s) requested:

Date: _____

Copies requested: _____ yes _____ no

If yes, how many pages _____ X .25 = total paid _____

BOARD USE ONLY

Time out: _____

Time in: _____

NC Board staff member