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**REQUEST FOR REPRODUCTION OF PVA PUBLIC RECORDS  
HARDIN COUNTY**

1. Application Information- All sections to be completed by Applicant

APPLICANT NAME: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_ FAX:( ) \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_

2. Records Requested-Please describe the records being requested. Attach additional pages if required.

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3. Explain the specific purpose for obtaining these records.

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COMMERCIAL APPLICANT'S CERTIFIED STATEMENT

I hereby agree that this request is for a commercial purpose. I understand and agree the PVA assumes no liability for the validity of the data.

I, \_\_\_\_\_, do hereby certify that the record requested on this document will be used only for the commercial purposes as stated.

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Signature

Date

NON-COMMERCIAL APPLICANT CERTIFIED STATEMENT

I hereby agree that this request is for non- commercial purposes. I understand and agree the PVA assumes no liability for the validity of the data. These records as a whole or any part of the records requested will not be used directly or indirectly for sale; resale; solicitation; sale, rent or lease of a service or any commercial venture.

I, \_\_\_\_\_, do hereby certify this records request is not for a commercial purpose.

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Signature

Date