



JACKSON COUNTY

Public Records Request

publicrecords@jacksonnc.org

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Phone 828.631.2212 • Fax 828.631.2266

[Submit to ↑](#)

Public Records Request Form

*Required field

Request Date* _____

Requester Name _____

Mailing Address _____
Address City State Zip

Telephone _____

Email Address _____

Request – Description – be specific*

Title of record requested (if known) _____

Date of record requested (if known) _____

Location of record requested (if known) _____

Public Record Delivery Method*

I want to inspect the record(s) – appointment required

I want a photocopy of the record(s)

I want an electronic copy of the record(s)

I want the record(s) mailed to: _____

I want the record(s) sent Email to: _____

Other: _____