



# Public Information Request

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To: Administrative Services Department  
Town of Southern Pines

I am requesting the following public records: \_\_\_\_\_  
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Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Applicant

ADMINISTRATIVE SERVICES  
TOWN OF SOUTHERN PINES  
125 SE BROAD STREET  
SOUTHERN PINES, NORTH CAROLINA 28387  
(910) 692-7021  
(910) 692-9444 (fax)  
[www.southernpines.net](http://www.southernpines.net)