

FREEDOM OF INFORMATION REQUEST

TO:

FOI Officer

Department

Address

City, State, Zip Code

FROM:

Name

Address

City, State, Zip Code

Phone Number

DESCRIPTION OF REQUESTED RECORD(S) (i.e. name, address, AC Report #, RFS #, etc...):

Please indicate if you wish to have a copy of the information found mailed to you or available for pick-up at the Department:

Mailed Pick up (please provide a valid phone number)

Please be advised that there is a 10¢/sheet copying fee that is due upon receipt.

Do you wish to have the copies certified? (Cost is \$.50/sheet.) Yes No

I am not seeking the above captioned records for the purpose of furthering a commercial enterprise.

Signature of Requestor _____

Date Requested _____

=====

FOR OFFICE USE ONLY

Date Received _____

Records Made Available

Request Denied

Reason denied: _____

Date Response due: _____

Copies made Yes No

Number of Copies _____

Amount due (\$.10 or \$.50/copy) _____

Amount Received _____

Date Received _____

Notes _____

Signature FOI Officer _____ Date _____

STAFF

TIME DATE
