



**FREEDOM OF INFORMATION ACT
REQUEST FORM**

NAME: _____
Please print clearly

ADDRESS: _____
_____ ZIP CODE: _____

FAX: () _____
In order to expedite your request, please include this number.

TELEPHONE: () _____ Ext. _____

PLEASE INDICATE WHICH RECORDS YOU WISH TO INSPECT OR RECEIVE:

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY: Prepared by: _____

Date Response Due:* _____ Date Response Given: _____

Response (If Denied, State Reason): _____

Records available: Yes _____ No _____ Shown By: _____

Copies Made: Yes _____ No _____ How Many: _____ Fee: \$ _____

Comments: _____

*Response is due within 7 working days from date received.