

FREEDOM OF INFORMATION ACT REQUEST

Name: (Please Print) _____

Address: _____

Phone: () _____ - _____ Date of Request: _____

Signature: _____

I am requesting the following records:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If allowed under the Freedom of Information Act (FOIA), requests will be available within five (5) business days. The cost for all requests shall be paid when the documents are received or prior to mailing. FAX will be made only by special arrangement.

Fees: Copies.....\$.10 per copy
Labor..... \$ Current administrative hourly rate
Mailing..... All direct costs of postage & materials.

Office Use Only

Date Received: _____ Approved By: _____
Date Provided: _____ Cost: \$ _____
Extension Required: _____