

FREEDOM OF INFORMATION ACT REQUEST

Date requested: _____

Name (optional): _____

Address (optional): _____
Street City State Zip

Phone number (optional): _____

Please describe with specificity the document(s) you are requesting. If you are not sufficiently specific, we may not be able to identify the document(s) you request which may delay our response to your request:

This can take up to four (4) business days to complete, or such later date as may be extended by law. You may pick up the report on _____ after review and approval is complete.

You will be charged the allowable fees and costs under F.O.I.A. or you need to show documentation showing that you, the requester, are receiving public assistance or other facts showing inability to pay due to indigence. You agree to pay such fees and cost prior to the release of the documents if such fee is estimated to be ten dollars or more.



Department use only

Date request received: _____ Date picked up: _____

No. of pages: _____ Cost: _____