



FREEDOM OF INFORMATION ACT REQUEST FORM

DATE OF REQUEST: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

SIGNATURE: _____

INFORMATION REQUESTED (please be as specific as possible): _____

FOR OFFICE USE ONLY

REQUEST ASSIGNED TO: _____ DATE OF COMPLETION: _____

DATE OF ASSIGNMENT: _____ FEE FOR SERVICES: _____

DATE RESPONSE DUE: _____ METHOD OF PAYMENT: _____