

FREEDOM OF INFORMATION REQUEST

TO: _____	FROM: _____
FOIA OFFICER	NAME
_____	_____
DEPARTMENT	ADDRESS (Inc. City, State)
_____	_____
ADDRESS	PHONE NUMBER
_____	_____
	DATE

Description of requested record(s):

Please indicate if you wish to inspect the above captioned records or wish a copy of them?

_____ Inspection _____ Copy _____ Both

Do you wish to have the copies certified? _____ Yes _____ No

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

Signature of requestor

For Office Use Only

Date Received

Date Response Due

Records Made Available _____

Copies made Yes _____ No _____

Request Denied _____ Why? _____

of copies ? _____

Fee _____

Notes: _____

Signature: _____

Date: _____