

REQUEST FOR RECORDS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

I hereby request to: Copy \square Inspect \square the following public records:		
1.		
2.		
3.		
4.		
Requested by:	Name:	
	Address:	
	City/State/Zip:	
	Phone:	
	Date:	Time:
Information Received:		Date:
By:		
Print Name		Signature
Number of photocopies:Total cost:		Paid in full:
For Office Use O	<u>nly</u>	
Request taken by:		Date/Time:
Staff respondent:		Date/Time:
Additional time re	equested by:	Date/Time:
Information prov	vided by:(email)(mail)_	(in person) Date/Time: