

FREEDOM OF INFORMATION ACT REQUEST FORM

Note to Requester: Retain a copy of this request for your files.

Name and Address of Public Body Receiving Request:

Date Requested:

Request Submitted By: ____ E-mail ____ U.S. Mail ____ Fax ____ In Person

Name of Requester:

Street Address:

City/State/County Zip (required):

Telephone (Optional): E-mail (Optional):

Fax (Optional):

Your Organization/Company:

Are you filing this request on behalf of another party?

If yes, please state on whose behalf:

□ Certification

I certify that the above statement(s) concerning who I am filing the request on behalf of are true and correct to the best of my knowledge and belief. If I want to receive greater access to records about a person I represent, I will submit proof that the person consents to the release of the records to me.

Records Requested: Please describe the information you are seeking so that an employee familiar with the subject area of the request may locate existing record(s) with a reasonable amount of

effort. Include descriptive information, time frame to be searched, etc. In order for a record to be considered subject to your FOIA request, it must be in the Agency possession and control at the time the Agency begins its search for responsive records.

IF THE COST OF COPYING OR PRINTING WILL EXCEED \$25 YOU WILL BE NOTIFIED BEFORE SUCH PRINTING OR COPYING OCCURS.