

FREEDOM OF INFORMATION REQUEST

TO: _____	FROM: _____
FOIA OFFICER	NAME
_____	_____
DEPARTMENT	ADDRESS
_____	_____
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 <input type="checkbox"/>	Copies made Yes <input type="checkbox"/> No <input type="checkbox"/>
Request Denied <input type="checkbox"/> Why? _____	# of copies ? _____
_____	Fee _____

Notes: _____

Signature: _____ Date: _____