

FOIA REQUEST

Freedom of Information Act

Date: _____

Person Requesting Information:

Name _____

Address _____

Phone _____

Email _____

Description of Records Requested:

Is the above request for Copy _____ Inspection _____

Do you want the above information Printed _____ Emailed _____

(No charge for up to 50 printed pages, after 50 pages its \$0.10 per page)

Signature

Date