



## FREEDOM OF INFORMATION REQUEST

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Is this information to be used for commercial purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

*★ Note: It is a violation of the Freedom of Information Act to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose.*

**Records requested:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 copies certified? \_\_\_\_\_

**Charges:**

Certifying a document: \$1.00

Copying:

from the black and white copy machine = \$0.15/page, after the first 50 pages, letter or legal sized

Oversized = actual cost

Color copies = actual cost

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\*\*\*\*\* OFFICE USE \*\*\*\*\*

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Response Due (if no extension)

Fee: \_\_\_\_\_ Date Request filled: \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Request filled by: \_\_\_\_\_