

FREEDOM OF INFORMATION ACT REQUEST FORM

Requesting Records from:
 The Office of _____
 Address: _____

Requestor's Name	Telephone Number
Address	Email address
City-State-Zip	Will this material be used for commercial/solicitation purposes?
Signature	

RECORDS SOUGHT (Be Specific)

Choose One:

- 1) _____ I would like the documents mailed. Mailing address: Name _____
 Address _____
 City, State, Zip _____
- 2) _____ I would like the documents emailed. Email address: _____

The first fifty (50) pages of black and white letter or legal size pages shall be provided free of charge. Any additional pages shall be charged \$.15 per page. Transcription of taped or electronic material shall be the actual cost of reproducing the records excluding any personnel costs. If the information requested is to be mailed, an additional charge for postage will be included. The department will respond to your request within five (5) business days after it is received.

If documents are to be used for commercial/solicitation purposes, provide a statement indicating the purpose for the request.

***** FOR OFFICE USE ONLY *****

RESPONSE: DATE REQUEST RECEIVED: _____
 RESPONSE DATE: _____

Records made available: _____

Request denied, and reason: _____
