

# FREEDOM OF INFORMATION ACT REQUEST

Name: (Please Print) \_\_\_\_\_

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

\_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Date of Request: \_\_\_\_\_

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

I am requesting the following information:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

If allowed under the Freedom of Information Act (FOIA), requests will be available within five (5) business days. The cost for all requests shall be paid when the documents are received or prior to mailing. FAX will be made only by special arrangement.

**Fees:** Copies..... \$.10 per copy  
Labor..... Current Administrative hourly rate  
Mailing..... All direct costs of postage & materials.

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*Office Use Only*

Date Received: \_\_\_\_\_ Approved By: \_\_\_\_\_  
Date Provided: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
Extension Required: \_\_\_\_\_