



## FOIA RECORDS REQUEST

NAME: \_\_\_\_\_ DATE REQUESTED \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AGENCY, FIRM OR ORGANIZATION \_\_\_\_\_

ADDRESS (IF DIFFERENT): \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

IF ATTORNEY OR AGENT, PLEASE IDENTIFY CLIENT \_\_\_\_\_

INFORMATION REQUESTED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*I understand if my request for copies of documents exceeds 10 pages, I will be assessed a fee of .20 cents per page and I agree to pay the cost. I also understand that I may be required to pay a deposit before documents are copied or transmitted.

SIGNATURE OF PERSON MAKING REQUEST: \_\_\_\_\_ DATE: \_\_\_\_\_

REQUESTED DELIVERY: (check one)

\_\_\_\_\_ CERTIFIED MAIL \_\_\_\_\_ PICKUP \_\_\_\_\_ E-MAIL \_\_\_\_\_ FAX

### OFFICE USE ONLY

RECIEIVING EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE REQUEST RECEIVED: \_\_\_\_\_

FOIA RESPONSE DUE: \_\_\_\_\_

INFORMATION REVIEWED BY: \_\_\_\_\_

AMOUNT PAID (if deposit is due): \$ \_\_\_\_\_

TOTAL AMOUNT DUE FOR FOIA REQUEST: \$ \_\_\_\_\_

DATE INFORMATION MAILED OR PICKED UP: \_\_\_\_\_

WAS FOIA REQUEST COMPLETED: \_\_\_\_\_