



FREEDOM OF INFORMATION ACT REQUEST FORM

Note to Requester: Retain a copy of this request for your files.

Name and Address of Public Body Receiving Request:

Date Requested:

Request Submitted By: ___ E-mail ___ U.S. Mail ___ Fax ___ In Person

Name of Requester:

Street Address:

City/State/County Zip (required):

Telephone (Optional):

E-mail (Optional):

Fax (Optional):

Your Organization/Company:

Are you filing this request on behalf of another party?

If yes, please state on whose behalf:

Certification

I certify that the above statement(s) concerning who I am filing the request on behalf of are true and correct to the best of my knowledge and belief. If I want to receive greater access to records about a person I represent, I will submit proof that the person consents to the release of the records to me.

Records Requested: Please describe the information you are seeking so that an employee familiar with the subject area of the request may locate existing record(s) with a reasonable amount of

