

**REQUEST FOR RECORDS IN ACCORDANCE
WITH THE FREEDOM OF INFORMATION ACT**

I am requesting to: Copy Inspect Certified **the following public records:**

Requested By: Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Information Requested (Please be specific): _____

Will this material be used for commercial purposes? Yes _____ No _____

A response to your request will be made within five (5) working days of the receipt of this request. Please return with a copy of this request on _____.

Information Received: _____ **Date:** _____

By: _____
Print Name Signature

Number of Photocopies: _____ Total Cost: _____

Photocopying Fees: _____ Paid in Full: _____

Certified Fees: _____ Form of Payment: _____

For Office Use Only

Request Taken _____ Date: _____ Time: _____

Information give by _____ Date: _____ Time: _____

Additional time requested by _____ Date: _____ Time: _____

Denial Sent by _____ Date: _____ Time: _____

Give to/ Sent to _____ Date: _____ Time: _____

Authorized by: _____

[Name of] _____