



FREEDOM OF INFORMATION ACT REQUEST FORM

Date of Request: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: _____

Signature: _____

Requested Method of Delivery:

Pick Up Mail to Address Above (charges will apply) Email to Address Above

Information Requested (please be as specific as possible – **type or print clearly**):

FOR OFFICE USE ONLY

Date FOIA Form Received: _____ Signature of Employee Receipt: _____

Date Receipt Response Due: _____ Date Response Mailed to Requestor: _____

