

FREEDOM OF INFORMATION REQUEST FORM

NAME _____

ORGANIZATION _____

ADDRESS _____

STREET

CITY

STATE

ZIP

PHONE NUMBER _____

EMAIL _____

INFORMATION REQUESTED _____

DATE OF REQUEST ____/____/____

WILL THE REQUESTED INFORMATION BE USED FOR A COMMERCIAL PURPOSE? YES NO



OFFICE USE ONLY

DATE REQUEST RECEIVED ____/____/____ FOIA OFFICER INITIALS _____

DUE DATE FOR RESPONSE ____/____/____

EXTENSION DUE DATE ____/____/____ FOIA OFFICER INITIALS _____

REASON FOR EXTENTION _____

REFERRED TO _____

DATE COMPILED / DENIED ____/____/____ FOIA OFFICER INITIALS _____

REASON FOR DENIAL _____

CHARGES \$ _____