



FREEDOM OF INFORMATION ACT REQUEST FORM

Name: _____

Email: _____

Mailing address: _____

City, State, & Zip: _____

Contact Phone No: _____

Records sought (be as specific as possible, include address, dates, time frame, type of records, etc.):

Are these records sought after for a commercial purpose? Yes No

Note: It is a violation of the Freedom of Information Act to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose.

Check appropriate box to receive documents:

Email US Mail Pick-up

Signature: _____ Date: _____