

# Freedom of Information Act Request Form

Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Requestor's Email Address: \_\_\_\_\_

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**RECORDS SOUGHT:** List of records requested below. Please be specific.

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Requestor's Signature: \_\_\_\_\_

Return completed FOIA Request Form to:

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**(FOR DEPARTMENT USE ONLY)**

**RESPONSE:**

Records made available: Date \_\_\_\_\_

Request denied and reason: \_\_\_\_\_

Date Stamp Receipt
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