

Freedom of Information Act Request

Name:	A	ddress:	
Phone Number:		Email Address:	
Description of Requested	Record(s):		
Please indicate if you wis	h to inspect the	above captioned rec	ords or wish to have a copy of them:
_	_ Inspection	Сору	Both
Do you wish to have copi	es certified?		
Is this information to be u	used for a comm	ercial purpose?	
			t is a violation of the Act for a person to hout disclosing that it is for a commercial
•	de by the Rules a	and Regulations, and	the Freedom of Information Act, and the to pay all charges involved with the
Requester's Signature:			Date:
	FC	OR LIBRARY USE ONL	.Y
Date Received: Date Response Due:			
Date and Type of Respon	nse:		
Approved on	; partially a	approved on	; denied on