

**REQUEST FOR RECORDS IN ACCORDANCE
WITH THE FREEDOM OF INFORMATION ACT**

I am requesting to: Copy _____ Inspect _____ Certified _____ the following public records:

Requested by: Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

Information Requested (please be specific): _____

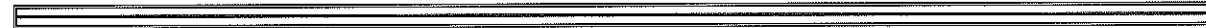
The first 50 copies are free. Additional copies may be 15 cents per side. Color and oversized copies may be available at an additional cost.

A response to your request will be made within five (5) working days of the receipt of the request. Please return with a copy of this request on _____.

WILL THIS MATERIAL BE USE FOR COMMERCIAL PURPOSES? Yes _____ No _____



Information Received:	Date: _____
By: _____ Print Name	_____ Signature
Number of Photocopies: _____	Total Cost: _____
Photocopying Fees: _____	Paid in Full: _____
Certified Fees: _____	Form of Payment: _____



For Office Use Only

Request taken: _____	Date: _____	Time: _____
Information given by: _____	Date: _____	Time: _____
Additional time requested by: _____	Date: _____	Time: _____
Denial sent by: _____	Date: _____	Time: _____
Give to/Sent to: _____	Date: _____	Time: _____
Authorized by: _____		