



## Public Records Request

Freedom of Information Act (FOIA)

Today's Date\_\_\_\_\_

### Requestor

Name: \_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Phone\_\_\_\_\_Email\_\_\_\_\_

### Information Requested

Please describe specifically the document(s) you are requesting a copy of or requesting to review, providing as much detail as possible, so we may respond to your request appropriately.

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### Format Requested

(Note, if paper copies are requested for documents available online, fees for searching, locating, examining, and copying such records will apply.)

☐ Paper mailed to address above

☐ Digital mailed to address

☐ Pick up

☐ Other (please specify)

**Requestor's Signature**

**Date**

### Office Use

Date Received\_\_\_\_\_

Required Response Date\_\_\_\_\_

(5 business days)

Extension Response Date\_\_\_\_\_

(10 additional business days)

### Response

**Date Sent**

Response Type:

☐ 10-Day Extension

☐ Estimate Provided

☐ Clarification of Request

☐ Requested Information Provided

☐ Denial

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