

FREEDOM OF INFORMATION REQUEST FORM

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

INFORMATION REQUESTED: _____

DATE OF REQUEST: _____

WILL THE REQUESTED INFORMATION BE USED FOR A COMMERCIAL
PURPOSE? YES / NO

OFFICE USE ONLY

DATE REQUEST RECEIVED: ___/___/___ FOIA OFFICER INITIALS: _____

DUE DATE FOR RESPONSE: ___/___/___

EXTENSION DUE DATE: ___/___/___ FOIA OFFICER INITIALS: _____

REASON FOR EXTENSION: _____

REFERRED TO: _____

DATE COMPLIED / DENIED: ___/___/___ FOIA OFFICER INITIALS: _____

REASON FOR DENIAL: _____

CHARGES: \$ _____