

**FREEDOM OF INFORMATION ACT  
REQUEST FORM**

Requester's Name: \_\_\_\_\_

Date Request Received: \_\_\_\_\_

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

Request Number: \_\_\_\_\_

\_\_\_\_\_

Request Received by: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Title: \_\_\_\_\_

Records sought (be as specific as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

**The agency will respond to or deny a request for  
public records within seven working days after its receipt.**

(For Office Use Only)

Date Response Due: \_\_\_\_\_

Date Response Made: \_\_\_\_\_

Copies Made: \_\_\_\_\_ How Many: \_\_\_\_\_

Cost: \_\_\_\_\_

Time taken to fill request, hours: \_\_\_\_\_

Extension to: \_\_\_\_\_  
(Date)

Extension Notice Sent : \_\_\_\_\_  
(Attach copy) (Date)

Denied: \_\_\_\_\_  
Attach copy (Date)

\_\_\_\_\_  
Signature of Employee Responding