

Freedom of Information Act (FOIA) Request Form

Note to requestor: Retain a copy of this request for your files. Should you need to file a Request for Review with the Public Access Counselor, you will need a copy of your FOIA request.

Date of Request:				
Request Submitted by	: E-Mail	U.S. Post Serv	vice F	ax In Persor
Name of Requestor:				
Street Address:				
City, State, Zip (requir	ed):			
Telephone (optional):				
Fax (optional):				
F Mail (antional)				
·		specific detail as possi you are seeking. You	·	
Records Requested:	information tha		·	
Records Requested:	information tha	you are seeking. You	·	
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Do you want copies of Should they be	information that necessary. The document	s? Yes Electronic	No Paper	
Records Requested: Do you want copies of Should they be	information that necessary. The document mat? Inmercial purpo	s? Yes Electronic e? Yes n Act for a person to kno	No Paper No owingly obtain o	a public record for