



FREEDOM OF INFORMATION ACT REQUEST FORM

Date of Request: _____, 20____ Day: _____ Time: _____

Request Taken By: _____ (Employee)

Requested By: _____
(Name) (Type of Identification)

(Address)

(City) (State) (Zip) (Telephone Number)

Where you can be reached other than above: _____

Nature of Request and/or Description of Public Records Sought: _____

Receive Copy Review, Inspect Copy Review, Original Document

- I request a fee estimate to be provided within three (3) days, and agree that the FOIA Coordinator need not respond to my request until five (5) days after I receive the fee estimate.
- I have examined the fee schedule. I agree to pay the reasonable charges for this request, and waive any right to a fee estimate.
- I agree that the FOIA Coordinator need not respond to my request until _____.

(Signature)

-----FOR OFFICE USE ONLY-----

ESTIMATED COSTS

ACTUAL COSTS

Duplicating Cost

1. _____ pages x \$.10 _____

2. Cost of Labor for Duplicating, _____
 Searching, & Reviewing + _____
 Cost of Labor for Monitoring + _____
 Mailing Costs + _____
TOTAL COSTS _____

Duplicating Cost

1. _____ pages x \$.10 _____

2. Cost of Labor for Duplicating, _____
 Searching & Reviewing + _____
 Cost for Labor for Monitoring + _____
 Mailing Costs + _____
TOTAL COSTS _____

3. Deposit _____

4. Balance _____

3. Indigent - no cost first \$20 - _____

4. Payment _____

5. Balance _____

Payment Received From: _____ Date: _____ By: _____

Amount of Payment: \$ _____