

FREEDOM OF INFORMATION REQUEST FORM

DATE OF REQUEST: _____

INFORMATION REQUESTED: Describe information requested in detail or give the name of document if known.

REQUESTED BY: _____

ADDRESS: _____

TELEPHONE NO.: (_____) _____

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FOR OFFICE USE ONLY

DATE RECEIVED: _____ REQUEST VERIFIED: _____ YES _____ NO

REQUEST MADE BY: _____ Phone _____ Mail _____ Fax _____ In Person _____ Other

RECEIVED BY: _____ DEPARTMENT: _____

PREPARED BY: _____ FEE: _____