

Request for Information

Name: _____

Address: _____

Phone number: _____ Email: _____

Would you like a paper or email copy? _____

What information are you requesting? Please be as detailed as you can.

Signature _____ Date _____

For office use

Received by: _____ Date received: _____

Response from: _____ Date responded: _____

Responded by: In person Phone Paper copy Email copy

Information is: Public Private Non-public Confidential Protected non-public

Action: Approved Approved in part Denied

Explain if approved in part or denied: _____

Fees: _____

- Up to 100 pages - \$0.15/page for 1-sided or \$0.30/page for 2-sided
- Over 100 pages – Actual cost