



FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

Name: _____

Mailing Address: _____

Telephone Number: (H)_____ (W)_____

Email Address: _____

Documents Requested:

1) _____ # of copies _____

2) _____ # of copies _____

Delivery preference: _____

(Please note: Duplication, search and mailing fees will be charged. If the total is \$100.00 or greater you will be notified and given an opportunity to narrow your request. Each request carries a \$5 minimum research charge.

Signature: _____ Date: _____

Clerk's Use Only

Date Request Received _____ Date Request Fulfilled _____

Documents Exempted _____ Extension Needed _____

Number of Copies _____ x \$.06 (8 1/2 x11) = _____

General Staff Time in Hours: _____ x \$20 = _____

Specialized Staff Time in Hours: _____ x \$30 = _____

Audio Media: _____ x \$1.00 (CD) = _____

Date Payment received _____ Total Paid = _____

Notes _____