



PUBLIC INFORMATION REQUEST FORM

Date of Request: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Signature: _____

Information Requested (please be as specific as possible) **type or print clearly:**

FOR OFFICE USE ONLY

Date FOIA Form Received: _____ Signature of Employee Receipt: _____

Date of Receipt Response Due: _____ Date Response Mailed to Requestor: _____