

# FREEDOM OF INFORMATION ACT REQUEST

Date requested \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing address, requestor will return on the fifth business day to receive response

\_\_\_\_\_  
Signature

Your phone number \_\_\_\_\_

Please describe, 'with specificity, the document(s) you are requesting. If you are not sufficiently specific, may not be able to identify the document(s) you request

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may pick up the report at \_\_\_\_\_ or have it mailed to you after review and approval complete. This can take up to five (5) working days to complete.

Will pick up       Please mail

You will be charged the allowable fees under FOIA or you need to show documentation that the requester is receiving public assistance or other facts showing inability to pay due to indigence.

I, the requester, am not a party to any civil action against the City, or by the City against myself, and I am not acting on behalf of such a party involving the records I am requesting at this time. I agree to pay allowable fees.

\_\_\_\_\_  
Signature

*Department use only*

Number of pages \_\_\_\_\_ Cost \_\_\_\_\_ Labor Costs \_\_\_\_\_  
Mail Cost \_\_\_\_\_