

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 Laingsburg City Hall 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 _____