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FREEDOM OF INFORMATION REQUEST

Date of Request: _____

Fill in name and address. If a group is making the request, indicate group name and position of person requesting the information with the group.

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Department from which information is being requested: _____

Request (please be specific) _____

Requester Signature: _____

DATE REQUEST RECEIVED: _____

DATE INFORMATION SENT TO REQUESTER: _____

SIGNATURE: _____

COST: Electronic copy via email: No charge

Paper copies: 25 cents per page