

FOIL RECORDS REQUEST

REQUESTED BY: _____

DATE: _____

Address: _____

(Mailing) _____

Daytime Contact #: _____

Records Requested:

Records Description	Dates

I have provided a description of the record(s) I am requesting including dates, titles, file designations, or other information that reasonably describes the record(s) sought. I understand that within five (5) business days of the receipt of this request, I will be provided with a copy of the record, a written denial of access to the record including the reason for the denial as well as my right right to appeal, or a written acknowledgement of the request including the approximate date when the request will be fulfilled. I also understand that the following fees will be charged in fulfilling this request:

- .25¢ per photocopy for pages not exceeding 9 by 14 inches, and
- for copies of records other than photocopies 9 by 14 or less, the actual cost of reproduction will be charged.

Further, I hereby certify that the information that I am requesting will not be used for any commercial or fundraising purposes.

Date

Signed

FOR INTERNAL USE

Date request received by RMO/RAO: _____
Received/Reviewed by: _____
Department Holding Records: _____
Date 5 Day Letter Due: _____
Due Date for Fulfillment: _____

Request forwarded to _____ Department Date: _____
Attention: _____

Date Five (5) Day Response Sent: _____ Fee Amt: _____
Fulfillment Time/Comments: _____

Date Fee Received: _____ Amount: _____
Fulfillment Due Date: _____

Sent by/Picked-up by: _____ Date: _____
(signature of staff mailing or person picking up)
Print Name: _____