



Freedom of Information Request

Requestor's Name _____

Address _____

City State Zip

Telephone No. _____

Date Request Submitted ____/____/____

County Department to Receive Request _____

Records sought (be specific – must include date, time, location)

Is this request for commercial purpose(s)? Yes No

Signature of Requestor Date

The Department will respond to a request for public records within five working days after its receipt. If your request is denied, you may file an appeal.

(For Department use only)

Name and Title of Person receiving request: _____ Date Received: _____

Response:

Records made available Copies made Yes No

Request denied and why? _____ How many? _____

_____ Fee _____

Other (attach correspondence)

Signature _____ Date _____

Department comment (time, copy, cost, etc.)

