



FREEDOM OF INFORMATION ACT REQUEST FORM

To be completed by person originating request:

Name: _____

Address: _____

City: _____

Name of Business: _____

Home Phone: _____

Office Phone: _____

I request to obtain the information in the following format:

- Visual Inspection
- Photocopies
- Diskette (if applicable)
- Printed Lists (if applicable)
- Printed Labels (if applicable)

I request the following specific records or information:

I understand that this request for information will be responded to within five (5) working days.
I understand that the City may charge fees to cover the cost of providing this information.

Signature Date

DISPOSITION OF REQUEST

- Approved
- Denied - Information requested is exempt under Freedom of Information Act, Section 13
- Denied – A portion of the information requested is exempt from disclosure under Freedom of Information Act, Section 13; the non-exempt material was provided.
- Denied – Material requested does not exist.

Person handling request:

Name: _____ Date: _____
Signature