



FREEDOM OF INFORMATION REQUEST FORM

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Date of Request _____
(Response will be within five (5) working days after receipt)

(PLEASE PRINT CLEARLY)

Requestor's Name _____
First Name Last Name

Requestor's Company Name (if applicable) _____

Requestor's Address _____
Number & Street City State Zip

E-mail: _____

Cell/Home Phone # _____ Work Phone # _____ Fax # _____

Records sought (be as specific as possible: type of records, include address of property, dates/timeframe, etc.):

I am the owner of the property for which the records are being requested. _____ Yes _____ No _____ N/A

It is a violation for a person to knowingly obtain public records without disclosing that it is for a commercial purpose.
Are the records sought for a commercial purpose? _____ Yes _____ No *(Response within 21 working days.)*

Requestor's Signature _____ Date _____

Would you like to receive the requested information electronically, if feasible? _____ Yes _____ No

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FOIA REQUEST # _____

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