



Freedom of Information Act Request Form

Name: _____
Company: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Date Submitted: _____

Description of the Requested Records:

Is this request for commercial purposes? Yes No

Use the box below for any additional comments, questions, or requests:

Signature of Requester



Freedom of Information Act Request Form (DISTRICT USE ONLY)

Date Received: _____

Date Response Due By: _____

Date Response Provided: _____

Extension Required? Yes No

Type of Extension: _____

Due Date After Extension: _____

Notes: