

FREEDOM OF INFORMATION REQUEST

To: _____
Name of public body

Requested by _____
Name

Address

Telephone

Description of Public Records Requested

Nature of request (check one below)

_____ Please provide a copy of the requested public records by mail.

_____ Please allow me an opportunity to inspect the requested public records prior to copying

Payment (check one below)

_____ I understand that the public body may charge me a fee for providing a copy of a public record, including the cost of copying, mailing, searching, examining, reviewing, separating, and deleting exempt information.

_____ Attached is an affidavit of indigency. Please furnish me the requested public records without the charge for the first \$20.00 of the required fee.

Date

Signature