Freedom of Information Act (FOIA) Record Request

Record(s) being requested		
Description of Record(s)	**Date span(s) requested**	**Preferred Format paper or electronic (if available)**

Requestor's Information:

Name: _____

Mailing Address: _____

Email address: _____

Phone Number: _____ Date Submitted: _____

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Office Use Only

□ Request Granted □ Request Denied (written denial attached)

Date: _____ Name:_____