



## FOIA REQUEST

Date and time of request: \_\_\_\_\_

Requestor name and address: \_\_\_\_\_

\_\_\_\_\_

Item(s) requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of pages: \_\_\_\_\_

Cost (25cents single sided or 50 cents double sided): \_\_\_\_\_

Payment received: \_\_\_\_\_

Date item was picked up by requestor: \_\_\_\_\_

Requestor signature: \_\_\_\_\_

Signature of district office personnel fulfilling request: \_\_\_\_\_

\_\_\_\_\_