

# **FREEDOM OF INFORMATION REQUEST**

**TO:**

\_\_\_\_\_  
(Name of Public Body)

**REQUESTED BY:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

**Description of public records requested:** \_\_\_\_\_

**Nature of request (check one below):**

Please provide a copy of the requested public records.

Please provide a certified copy of the requested public records.

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 indigence. Please furnish me the requested public records without charge for the first \$20.00 of the required fee.

**I agree that the public body may respond to my request by  
the \_\_\_ day of \_\_\_\_\_, 200\_\_**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)