

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 _____, 20__

(Date)

(Signature)