



## FREEDOM OF INFORMATION ACT REQUEST FORM

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

**RECORDS SOUGHT:** Be as specific as possible, include address, dates, time frame, type of records, etc. For Police Dept. records, provide the report number. If you do not have the report number, provide the address of incident, the date of incident and the full name and date of birth of a party involved.

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Are these records sought after for a commercial purpose? Yes  No

Note: It is a violation of the Freedom of Information Act to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose.

Preferred method to receive records. Choose only one (1).  Email  US Mail  Pick-up

Signature: \_\_\_\_\_ Date: \_\_\_\_\_