

# REQUEST FOR INFORMATION

## Public Use

Date of Request \_\_\_\_\_

Requestor's Name \_\_\_\_\_

Requestor's Address \_\_\_\_\_  
\_\_\_\_\_

### Record Requested and/or Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to pay charges of \$ \_\_\_\_\_ before being contacted by the office.

I prefer to inspect the records in person before any copies are made.

\_\_\_\_\_  
Signature

## Office Use

Dept./Div. \_\_\_\_\_

Data Classified \_\_\_\_\_ Public \_\_\_\_\_ Other

Request Approved \_\_\_\_\_ Request Denied \_\_\_\_\_

Why, if denied \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Request Filled \_\_\_\_\_

Copy Charges \_\_\_\_\_

Research \_\_\_\_\_

Total \_\_\_\_\_

Person assigned to fill request  
\_\_\_\_\_

