

# FREEDOM OF ACCESS ACT (FOAA) REQUEST FORM

Record(s) Being Requested:

Description of Record(s)	Date Span(s) Requested	Preferred Format (paper or electronic, if available)

Requestor's Information:

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

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

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For Office Use Only

- Verbal request taken by (Name) \_\_\_\_\_
  - Acknowledgment Sent (Date) \_\_\_\_\_
  - Request Granted (Date) \_\_\_\_\_
  - Request Denied (Date) \_\_\_\_\_ (written denial attached)
- Date: \_\_\_\_\_ Name: \_\_\_\_\_