



FREEDOM OF INFORMATION ACT REQUEST FORM

Date: _____

Name of Requestor: _____

Address

Telephone Number _____

List the **specific** documents you are requesting:

(Please attach additional pages if necessary.)

Provide any additional information you feel may be pertinent to this request:

Signature: _____

Note: This is an optional form. A written request of your own may be submitted as long as it includes the required information listed on this form.