

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: _____

For Office Use Only

Verbal request taken by (Name) _____

Acknowledgment Sent (Date) _____

Request Granted (Date) _____

Request Denied (Date) _____ (*written denial attached*)

Date: _____ Name: _____