Freedom of Information Act Request Form

Date: ________________________________

Requestor’s Name: ____________________________________________

Company: ________________________________________________________

Address: _________________________________________________________

Telephone: ________________________________

Records Sought: Please state the Request (Be Specific):

Printed Copies Electronic Format: PDF Excel Word Text

If Electronic Copy, Distribution method:

   Electronic Delivery  CD Rom

Email Address: ____________________________________________________

Requestor’s Signature: ________________________________

FOR OFFICE USE ONLY

Date Response Due: __________

Date Stamp:

Records Response delivery date: __________________________ By: __________

Response Denied, and Reason: ___________________________________________

Copies made: Yes No Number made: __________________________ Fee Paid: $__________

Other: ____________________________________________________________________

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