



**FREEDOM OF INFORMATION REQUEST**

**Requestor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Company/Organization:** \_\_\_\_\_

**Records Sought (be as specific as possible, use additional sheets if necessary):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are these records to be used for commercial purposes?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Please indicate if you wish to inspect the above referenced records, wish a copy or both:**  
\_\_\_\_\_ **Inspection** \_\_\_\_\_ **Copy** \_\_\_\_\_ **Both**

**Do you wish to have copies certified?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Signature of Requestor** \_\_\_\_\_

The City will respond within five (5) business days of the receipt of the request.

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(For Official Use Only)

Date Request Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Response Due \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of Pages Copied: \_\_\_\_\_

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