FOIL RECORDS REQUEST

REQUESTED BY:	DATE:
Address:	
(Mailing)	
Daytime Contact #:	
Records Re	guested:
Records Description	Dates
designations, or other information that reasunderstand that within five (5) business dawith a copy of the record, a written denial of denial as well as my right right to appeal, of including the approximate date when the refollowing fees will be charged in fulfilling the .25¢ per photocopy for pages not exceed for copies of records other than photocopy will be charged.	ys of the receipt of this request, I will be provided of access to the record including the reason for the or a written ackowledgement of the request equest will be fulfilled. I also understand that the is request:
Date	Signed

FOR INTERNAL USE			
Date request received by RMO/RAO: Received/Reviewed by: Department Holding Records: Date 5 Day Letter Due: Due Date for Fulfillment:			
Request forwarded to Attention:		Date:	
Date Five (5) Day Response Sent: Fulfillment Time/Comments:			
Date Fee Received:			
Sent by/Picked-up by:			