

RECORDS MANAGEMENT SERVICES DIVISION

FREEDOM OF INFORMATION ACT REQUEST FORM

Date of Request:		
Name:		
Street Address:		
City:	State:	Zip Code:
Phone Number:		
Email Address:		
		s possible – <u>type or print clearly</u>):
		E USE ONLY
Date FOIA Form Received:	Signat	ure of Employee Receipt:
Date Receipt Response Due:	Date R	esponse Mailed to Requestor: