**RECORDS MANAGEMENT SERVICES DIVISION**



**FREEDOM OF INFORMATION ACT REQUEST FORM**

Date of Request:

Name:

Street Address:

City:

State:

Zip Code:

Phone Number:

Signature:

Information Requested (please be as specific as possible – **type or print clearly**):





FOR OFFICE USE ONLY

Date FOIA Form Received: Signature of Employee Receipt:

Date Receipt Response Due: Date Response Mailed to Requestor: