ATTACHMENT A

FREEDOM OF INFORMATION ACT REQUEST

Date requested: _____

Name:_____

Address:

_____

Street City State Zip

Phone number: _____

Please describe with specificity the document(s) you are requesting. If you are not sufficiently specific, we may not be able to identify the document(s) you request which may delay our response to your request:

_____

_____

_____

You may pick up the report at _____ or have it mailed to you after review and approval is complete. This can take up to five (5) working days to complete, or such later date as may be extended by law.

_____ Will pick up _____ Please mail

You will be charged the allowable fees and costs under F.O.I.A. or you need to show documentation showing that you, the requester, are receiving public assistance or other facts showing inability to pay due to indigence. You agree to pay such fees and costs prior to the release of the documents.

I, the requester, am not a party to any civil action against the City, or by the City against myself, and I am not acting on behalf of such a party involving the records I am requesting at this time. If I did not pay the fees and costs prior to the release of the documents, I agree to pay all allowable fees and any collection fees for my failure to pay the allowable fees and costs under FOIA within 30 days after the documents are ready or sent to me.

_____

Signature

****

Department use only

No. of pages _____ Pick up cost _____ Mail cost _____