## FREEDOM OF INFORMATION REQUEST

Use of this form is optional but may help expedite the Library's response to a request.

Date of Request:			
Requester's Name (of business	organization na	me if applicable):	
Phone Number:	Email:		
Street Address:			
City:	State:	Zip:	
Description of Records Request	•	ional pages if necessa	• /
Certification requested: Yes I	No		
(Red		Response fill in below this line)	
Request Received by:			
Date Received:			
Approved:			
( ) The documents requested ar			
( ) You may inspect the records at on the date of			
() The documents will be made	available upon į	payment of copying co	st \$
Denied:			
( ) The request creates an unduthe Freedom of Information Act	and we are unal	ole to negotiate a more	e reasonable request.
( ) The materials requested are the following reasons:	exempt under S	ection 7 of the Freedor	m of Information Act for
Individual(s) that determined red	quest to be denie	ed and title:	
() Request delayed, for the following	wing reasons (i	n accordance with 3(e)	of the FOIA):
You will be notified by the date of	of	as to the action take	en on your request.
FOIA Officer			
FOIA Officer:			