



Freedom of Information Act Request

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Description of documents and/or information requested (describe the document(s) you are requesting as specifically as possible, including any names, places, dates, and/or subject):

I agree to pay a fee, not to exceed _____, incurred by the City in providing the above requested information. (FOIA Coordinator will notify you if the cost exceeds this amount.)

Signature