

## Freedom of Information Act Request

Name:	Date:        /        /
Address:	
Daytime Phone:	
Records Requested:	
Please check one: I prefer to: _____ pick up the documents in person (payment upon receipt)	
_____ have you mail them to the address above (an invoice will be enclosed).	
Signature:	

Items provided / other costs:	Cost per unit Black/Color	Number of units	Total
Copies: letter or legal	\$.25/.50		\$
ledger	\$.50/1.00		\$
Envelopes: Manila, w/clasp up to 10" by 13"	\$.15		\$
Cassette tapes: 90 minute audio cassette	\$3.00		\$
See also Policy to Provide Information in Electronic Form			
Mileage:	\$ .445/mi		\$
External cost: (photos, color copies, maps, etc.)	Copy of receipt attached		\$
Labor costs:	To be determined		
Postage:	U.S. Rates		
<b>Total Cost: (Please remit the following amount)</b>	<b>\$</b>		

Date Received:        /        /	Extension Requested?	Date completed:        /        /
I hereby state that the materials requested herein were _____ mailed _____ picked up the requestor on _____ / _____ / _____. <i>Signature of FOIA Coordinator or designee:</i>		
Payment: Deposit of \$ _____, plus final payment of \$ _____, paid in full on _____ / _____ / _____.		