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**FREEDOM OF INFORMATION REQUEST
Request for disclosure of Public Information**

Date of Request: _____

Requested By: Name: _____
(please print)

Address: _____

Phone Number: _____

E-mail: _____

Nature of request and detailed description of public records sought:

How do you want to be notified of fees, when request is available, etc.? _____

Signature of person making request: _____

Signature of person accepting request: _____

Date request was received: _____