

REQUEST FORM

Freedom of Information Act

DATE OF REQUEST: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Day) _____ (Evening) _____

Information Requested: (Be specific, if additional space is needed attach pages):

CD'S-\$15.00

COPY FEE-0.25 CENTS PER COPY

REQUESTS ANSWERED IN FIVE (5) WORKING DAYS FROM THE DATE OF THE REQUEST.

Signature of Mayor: _____