

FREEDOM OF INFORMATION ACT REQUEST

Informaton Requested:				
Name:				
Last		First		Middle Initial
Address:				
Street/Apt #		City	State	Zip
Home Phone:	Other Phone:			
Email:				
Document Searches/Staff Time				
Email and document searches by key staff time at employee or contractor's security, tax information, etc) must be	's hourly rate. Any doc			
Documents & Copies				
Specific / Identified readily available	e items will be produce	ed by email a	t no charge.	
 Budget Financial Statements City Code Minutes, Ordinances, Resolution (All are also available on our website) 				
Copy Costs: Any document that mul format Copies are \$.25/page	st be redacted must be	counted as	a hard copy, rega	rdless of final delivery
Assigned to:		D	oate Assigned:	/ /
Fee:		_	oate Completed:	
Method of Payment:		D	Date Due:	/ /