

**FREEDOM OF INFORMATION LAW**  
**REQUEST FOR ACCESSIBLE RECORDS**  
**(FOIL)**

Document(s) requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of document(s): \_\_\_\_\_

\_\_\_\_\_

(Cost of reproduction or \$.25 per page is applicable).

***For office use only:***

***Received:*** \_\_\_\_\_

***5 business days from date received:***

***Responded:*** \_\_\_\_\_

***Notes:***

***Requested method of delivery:***

***Mail*** \_\_\_\_\_ ***Email*** \_\_\_\_\_

Date submitted: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_