

FOR REQUEST #

FREEDOM OF INFORMATION AND
PROTECTION OF PRIVACY
REQUEST FOR ACCESS TO RECORDS

NAME OF DEPARTMENT TO WHICH YOU ARE DIRECTING YOUR REQUEST			
YOUR NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL: <input type="checkbox"/> miss <input type="checkbox"/> MS <input type="checkbox"/> MRS <input type="checkbox"/> MR <input type="checkbox"/> OTHER _____
YOUR ADDRESS			
STREET, APARTMENT NO. PO BOX, RR NO.	CITY/TOWN	STATE	POSTAL CODE
YOUR TELEPHONE/FAX NUMBER(S)			
DAY PHONE NO. ()	ALTERNATE PHONE NO. ()	DAY FAX NO. ()	
DETAILS OF REQUESTED INFORMATION			
INFORMATION REQUIRED (PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT)		PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S) IF KNOWN _____	
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE ATTACH AS APPROPRIATE: A) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE; OR B) PROOF OF AUTHORITY ON THAT PERSON'S BEHALF			
PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE	DATE SIGNED	
		YR.	MO.
		DAY	
YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM PROVIDED YOU DO SO IN WRITING FOR PUBLIC BODY USE ONLY			
REQUEST NO.	REQUEST CATEGORY <input type="checkbox"/> ACCESS TO GENERAL INFORMATION <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION		
DEPARTMENT	DATE RECEIVED		NOTES
	YR.	MO.	