

REQUEST FOR INFORMATION
PURSUANT TO FREEDOM OF INFORMATION ACT

Date _____

Name _____

Address _____

City _____

State _____ Zip _____

Telephone _____ Fax _____

A brief description of information desired:

Search time estimate _____ hours

At \$ _____ per hour or fraction thereof \$ _____

Copies @ 10¢ per original page (double sided) _____

Other costs _____

Postage charges _____

Total estimated charges _____

I hereby desire a copy of the above information and agree to pay the charges for said information. I understand that the above is only an estimate of the charges for compilation of the information.

Requestor's Signature