

FOR REQUEST #

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

<b>NAME OF DEPARTMENT TO WHICH YOU ARE DIRECTING YOUR REQUEST</b>						
<b>YOUR NAME</b>						
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 _____			
<b>YOUR ADDRESS</b>						
STREET, APARTMENT NO. PO BOX, RR NO.	CITY/TOWN	STATE	POSTAL CODE			
<b>YOUR TELEPHONE/FAX NUMBER(S)</b>						
DAY PHONE NO. (      )	ALTERNATE PHONE NO. (      )	DAY FAX NO. (      )				
<b>DETAILS OF REQUESTED INFORMATION</b>						
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">YR.</td> <td style="width: 30%;">MO.</td> <td style="width: 40%;">DAY</td> </tr> </table>		YR.	MO.	DAY
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.	