REQUEST FOR INFORMATION
Filed Under the Freedom of Information Act (FOIA)

Date Received ____________________
Requestor's Name _________________________________________________________________
Address _________________________________________________________________________
Telephone Number _________________________________________________________________

RECORD REQUEST (please be specific)
In the space below, please describe the public records you are requesting. In order to expedite the search for the records, please be as specific as possible. The County Clerk will respond to this request within seven (7) working days of request.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
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Indicate Inspection/Copy of records: ____ Inspection ____ Copy
Copy Fees: $0.25 per page

______________________________
Signature of Requestor

FOR OFFICE USE ONLY
Date Responded/Notified Requestor _____________________ Initials _____________________
Records Available _________________________________________________________________
Copies Made _____Yes_____ No How Many ________
Fee ___________________ Paid _____Yes _____No

Resolution 08-020    February 12, 2008
Updated December 1, 2014