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PUBLIC RECORDS REQUEST FORM

Date: _____

Name: _____

Name of Requesting Company: _____

Email Address: _____

Telephone Number: _____

Address: _____

Request Description: _____

OFFICE USE ONLY

Date Received: _____

Response (i.e. documents provided, or rejection of request and reason): _____

Date of Response: _____

FOIA Officer Signature: _____

