

F.O.I.L. Application for Access to Public Records

Applicant Name/Agency _____

Address _____

Telephone # _____

I hereby apply to inspect the following existing record(s):

_____ X _____
printed name signature date

NOTE: there is a \$.25 per page fee for copies

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For office use only
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Approved ()

Denied ()

Record cannot be found ()

Record does not exist or is not maintained by this agency ()

Applicant contact log:

