

*Attachment  
July 9, 2014*

TOWN OF \_\_\_\_\_ FOAA REQUEST FORM

RECEIVED BY:		TODAY'S DATE:	
REQUESTOR'S NAME:		REQUESTOR'S ADDRESS:	
REQUESTOR'S PHONE(S):		REQUESTOR'S E-MAIL:	
FORM OF REQUEST:	Verbal Written E-mail Phone	FORMAT REQUESTED:	
REQUESTED INFORMATION:		ASSIGNED TO WHOM:	
SPECIFIC CONCERN:		1) Denied 2) Does Not Exist 3) Exists in Part 4) Shall Be Provided	
TIME ESTIMATED:		EST. COST \$ _____	
EST. DATE / AVAILABLE:		DATE PROVIDED:	
NOTES:	<p>1 HR FREE &amp; \$15/HR \$0.25 COPY</p>		

*Attachment  
7-9-14*