



REQUEST FOR RECORDS OF THE SANDWICH PARK DISTRICT IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

I am requesting to . . .

Copy

Inspect

Certify



[CHECK APPROPRIATE BOX]

. . . the following public records:

INFORMATION REQUESTED (Please be specific):

Requested By:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Will this material be used for commercial purposes? Yes _____ No _____

The charge will be _____ cents per copy (each side). Certification of documents is an additional \$ _____ (per certified document).

A response to your request will be made within seven (7) working days of the receipt of this request. Please return with a copy of this request on

_____.

INFORMATION RECEIVED:

Date: _____

By: _____

Print Name

Signature

Number of Photocopies: _____

Total Cost: _____

Photocopying Fees: _____

Paid in Full: _____

Certified Fees: _____

Form of Payment: _____

For Office Use Only

Request taken by: _____

Date: _____ Time: _____

Information given by: _____

Date: _____ Time: _____

Additional time requested by: _____

Date: _____ Time: _____

Denial sent by: _____

Date: _____ Time: _____

Given to / Sent to: _____

Date: _____ Time: _____

Authorized by: Director

Board Secretary
