

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

I am requesting to. . . (CHECK APPROPRIATE BOX)

- Copy- Please circle preferred method (Photo Copy or Email)
 Inspect
 Certify

INFORMATION REQUESTED (Please be specific):

Requested By:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

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

A response to your request will be made within five (5) working days of the receipt of this request. If excessive documents are requested, a charge per document for photocopies will apply. All certifications will be an additional charge.

Requesters Signature

For Office Use Only

REQUEST RECEIVED BY:

Name: _____ Date: _____

Time: _____ Signature: _____

INFORMATION SENT:

Number of Photocopies: _____ Total Cost: _____

Photocopying Fees: _____ Paid in Full: _____

Certified Fees: _____ Form of Payment: _____

Information given by: _____ Date: _____ Time: _____

Additional time requested by: _____ Date: _____ Time: _____

Denial sent by: _____ Date: _____ Time: _____

Given to / Sent to: _____ Date: _____ Time: _____

Authorized by Executive Director: _____ Date: _____