

REQUEST FOR INFORMATION

****PLEASE PRINT****

Date: _____

Name: _____

Company/Association: _____

Address: _____

Telephone No. _____ Cell No.: _____

Information Requested: _____

Information to be provided by: (please circle one of the following)

Mail Pick up E-Mail Courier

Signature of Requestor

For Office Use Only

Department _____

File Description _____

Time Required _____ Cost _____

Note: Information routinely and easily available will be provided within 10 business days
Information requests not routinely and easily available will be responded to within 10 days with
the time requirement and costs required. Once the requestor has provided approval, the
information will be provided within 30 business days.