

**WESCOM**  
**Freedom of Information Act (FOIA) Request Form**

**Date of Request:** \_\_\_\_\_  
**Name of Requestor:** \_\_\_\_\_ **Phone: (Home)** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone: (Work)** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Documents/Records Requested:**

Please be as specific as possible, including dates, times, names of parties involved, etc. Without complete information your request will be delayed while the FOI Clerk contacts you for additional information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I am requesting the documents/records for:** \_\_\_\_\_ Inspection Only \_\_\_\_\_ Copy Requested

**Purpose of Request:**

Please specify the reason of documents/records.

\_\_\_\_\_ Research Personal Information \_\_\_\_\_ News Coverage  
\_\_\_\_\_ Commercial Use \_\_\_\_\_ Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_

**Fees:**

\_\_\_\_\_ I agree to pay all necessary costs associated with this request.

**Processing of Records:** (Please check one)

\_\_\_\_\_ I will pick up the requested documents/records. Please call me when they are ready.

\_\_\_\_\_ Please mail the requested documents/records to the address above.

\_\_\_\_\_  
Signature of Requestor

***(For Office Use Only)***

Date Request Received: \_\_\_\_\_ F.O.I Clerk: \_\_\_\_\_

Date Records Due: \_\_\_\_\_

**Records Available for Release:**

\_\_\_\_\_ Yes - Entire Record(s)

\_\_\_\_\_ Yes - Partial Record(s) (Specify) \_\_\_\_\_

\_\_\_\_\_ No - Request for records denied for the following reason(s): \_\_\_\_\_

Completed By: \_\_\_\_\_ Date & Time: \_\_\_\_\_