

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: _____