**VOLUNTARY FREEDOM OF INFORMATION ACT REQUEST FORM**

Date of Request:

Requesters Name:

Requesters Address:

Requesters City: State: Zip:

Please describe in detail the specific records requested:

Requesters Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A response to the FOIA request will be provided to the requestor within five (5) business days from the date the office receives the request. Request received by mail will be considered received on the business day the mail is received by the office. Saturday’s, Sunday’s and legal holidays are not counted in the computation of the five day response period. Any questions regarding this notice may be referred to Chief of Civil Bureau, Lafakeria Vaughn. Email completed form to statesattorney@sao.wincoil.gov

**(FOR INTERNAL USE ONLY – DO NOT WRITE IN THE BOX BELOW)**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Response Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Approved \_\_\_\_\_\_Approved with Redactions \_\_\_\_\_ Denied \_\_\_\_\_No Records Found

Reason for denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Pages: \_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_\_ Date of Response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of FOIA Officer responding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_