**VOLUNTARY FREEDOM OF INFORMATION REQUEST FORM**

Date of Request: Click here to enter text.

Requesters Name: Click here to enter text.

Requesters Address: Click here to enter text.

Requesters City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Please describe in detail the specific records requested: Click here to enter text.

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 Interim Chief of Civil Bureau, Charlotte LeClercq. Email completed form to statesattorney@wincoil.us

**(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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_