



STOCKTON TOWNSHIP PUBLIC LIBRARY
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FOIA REQUEST FORM

Contact Information

Name: _____

Address: _____

Phone: _____

E-Mail Address: _____

Requested Public Records

Description of the records requested:

Are you asking for these records for commercial use/purposes?

☐ Yes

☐ No

Please indicate the format in which you would like the Library to respond to your request, if applicable:

☐ Inspection Only

☐ Hard Copy

☐ Email: _____

☐ Fax: _____

☐ Other Format: _____

Do you wish to have copies certified:
(\$1.00 per certificate)

☐ Yes

☐ No

Library Use Only

Date Received: _____

Due Date: _____

Response Date: _____

Response:

☐ Approved

☐ Partially Approved: _____

☐ Denied

Total Associated Fees: _____

Paid: ☐ Yes

☐ No