LAKE COUNTY FREEDOM OF INFORMATION ACT

REQUEST FORM

Requester’s Name: ____________________________

Date Request Received: ________________________

Address: ____________________________

Request No.: ____________________________

Request Received By: ____________________________

(Name)

Telephone No. ____________________________

(Title)

Records sought (be as specific as possible): ____________________________

_____________________________________________________________________

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_____________________________________________________________________

(Signature of Requester)

The agency will respond to or deny a request for public records within five working days after its receipt.

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(For Office Use Only)

Date Response Due: ________________ Date Response Made: ________________

Copies Made: __________ How Many: ________ Cost: ________________

Time Taken to Fill Request, Hours: ____________________________

Extension to: ________________ Extension Notice Sent: ________________

(Date) (Attach Copy) (Date)

Denied: ____________________________

(Attach Copy) ____________________________

(Date) ____________________________

(Signature of Employee Responding)