Freedom Of Information Act Request Form

(*) Indicates a required field

Name of Requester*:	
Organization*:	
Email address*:	
Phone Number*:	
Fax Number:	
Mailing Address*:	

Date/date range of Incident*:
Organization this occurred at*:
Description*:
Expedited Processing*: YES / NO

Additional Information
Case Number:
Name of Local Command:
Contract Number:
Limit Request to Clearly releasable Info:

Are supporting files attached*? YES / NO

Fee waiver requested*? YES / NO

* For Office Use Only *

Tracking Number:	Last Assigned By:
Submitted Date:	Request Track:
Received Date:	Fee Limit:
Perfected Date:	
Last Assigned to:	

Additional Description: