

# REQUEST FOR INFORMATION

Name of Requestor: \_\_\_\_\_

Address of Requestor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Nature of Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy Expense: \_\_\_\_\_ \$0.25 per page @ \_\_\_\_\_ number of pages

Fax Expense: \_\_\_\_\_ \$1.00

Office Expense: \_\_\_\_\_ 0 – 30 minutes \$.50; 31 – 60 minutes \$1.00

\_\_\_\_\_ 1 – 5 hours \$5.00; 5 plus hours \$10.00

Misc/Other Expense: \_\_\_\_\_

Total Cost: \_\_\_\_\_ due at release of information

Waive Fee: \_\_\_\_\_ Authorization: \_\_\_\_\_

**Log of hours, work requested:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby acknowledge receipt of requested information on  
Requestor  
\_\_\_\_\_, and have submitted funds in the amount of \_\_\_\_\_ to cover the  
Date  
cost incurred for this information.