

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.