

REQUEST FOR INFORMATION

Name of Requestor: _____

Address of Requestor: _____

Phone Number: _____ Email: _____

Date of Request: _____

Nature of Request: _____

Copy Expense: _____ \$0.75 per page @ _____ number of pages

Fax Expense: _____ \$2.00 per page

Office Expense: _____ Research and Request Preparation \$35.00 Per Hour

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.