
SUGGESTED FREEDOM OF INFORMATION REQUEST FORM
WEST BRANCH WATER RECLAMATION

Date of Request: _____

Request Submitted By: E-mail _____ U.S. Mail _____ Fax _____ In Person _____

Name of Requester: _____

Street Address: _____

City/State/County/Zip (Required): _____

Telephone (Optional): _____ Fax (Optional): _____

E-mail (Optional): _____

Records Requested: (Please provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.)

Is this request for a Commercial Purpose? (Please check one) YES ___ or NO ___

Please indicate if you wish to inspect the above-referenced records, would like a copy, or both. (Please check all that apply)

Inspection _____ Electronic Copy _____ Paper Copy _____

If you would like electronic copies, please specify a format: _____

There is no fee for the first 50, 8.5"x11" pages of each request. After 50 pages, please see our fee schedule. (If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding health, safety and welfare or legal rights of the general public.

Are you requesting a fee waiver? YES _____ NO _____