

For Agency/Department Use Only

_____ Approved

_____ number of copies are responsive to the request and a fee of
\$_____.25 cents per page must be remitted in advance.

Or records available for inspection during the following

Office hours _____ and days _____

Department _____

Address _____

___ Record of which this agency/department is legal custodian cannot be found

___ Record is not maintained by this agency/department

___ Receipt of request acknowledged, however, additional time is required.

Number of days _____ Reason _____

___ Denied: For reason(s) checked below

_____ Unwarranted invasion of personal privacy

_____ Exempted by State other than Freedom of Information Act

Specify

_____ Confidential disclosure of information or procedure in criminal

Investigation

_____ Other (Specify) _____

Signature _____ Records Access Officer

Date _____

Department of _____

NOTICE

You have a right to appeal a denial, in whole or in part, of this application to the Records Access Appeals Officer.

I hereby appeal:

Signature

Date