



**DEPARTMENT OF PUBLIC SAFETY  
FREEDOM OF INFORMATION ACT REQUEST FORM**

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

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Information Requested (please be as specific as possible – **type or print clearly**):

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**FOR OFFICE USE ONLY**

Date FOIA Form Received: \_\_\_\_\_ Signature of Employee Receipt: \_\_\_\_\_

Date Receipt Response Due: \_\_\_\_\_ Date Response Mailed to Requestor: \_\_\_\_\_

