

## FOIA Request Form – Wexford Conservation District

Name:	Date:
Address:	
Email:	Phone:

Information Requested:

  
  
  
  
  
  
  
  
  
  

Photocopies or Electronic files?

### For Staff Use Only

Request Received by:	Estimated Cost:	Date:
Deposit: \$ _____	Payment Method: _____	Receipt # _____
Date Information Provided:	Format:	

<b>Labor</b>					
# of Hours:		Hourly Rate:		Total for Labor:	\$ _____
<b>Photocopies</b>					
# of Copies:		Cost per Copy:		Total for Copies:	\$ _____
<b>Mileage</b>					
# of Miles:		Cost per Mile:		Total for Mileage:	\$ _____
<b>Other:</b>					\$ _____
				Postage:	\$ _____
				Total:	\$ _____
				Less Deposit:	\$ _____
				Balance Due:	\$ _____