



FREEDOM OF INFORMATION ACT REQUEST

Date Requested: _____

Name: _____

Address: _____
Street City State Zip

Phone number: _____

Please describe with specificity the public record(s) you are requesting. If you are not sufficiently specific, we may not be able to identify the public record(s) you request which may cause further delays or denial:

You may pick up the report at the Breckenridge Village Hall or have it mailed to you after review and approval is complete. This can take up to five (5) working days to complete, or such later date as may be extended by law.

_____ Will pick up _____ Please mail

You will be charged the allowable fees and costs under FOIA. You agree to pay such fees and costs prior to the release of the documents.

I, the requester, am not a party to any civil action against the Village, or by the Village against myself, and I am not acting on behalf of such a party involving the records I am requesting at this time. If I do not pay the fees and costs prior to the release of the documents, I agree to pay all allowable fees and any collection fees for my failure to pay the allowable fees and costs under FOIA within 30 days after the documents are ready or sent to me.

Signature

Department Use Only

Date the FOIA Request was Received _____

No. of pages _____ Pick up cost _____ Mail Cost _____
