

### Freedom of Information Request

The completion of this form is optional.  
Any written format for Freedom of Information requests is acceptable.

**START HERE – Please type or print and read instructions on the reverse before completing this form.**

1. Type of Request:  Freedom of Information Act (FOIA)

2. Requestor Information:

Name of Requestor:	Daytime Telephone:
Address (Street Number & Name)	Apt. No.
City:	State: Zip Code:

*By my signature, I consent to the following:*

Pay all actual costs incurred for search, duplication, and review of materials. (15.234, Sec. 4)  
Pay a good faith deposit for fees in excess of \$50.00. The deposit shall not exceed 1/2 of the total fee.

Signature of requestor: \_\_\_\_\_

Receiving Public Assistance

3. Action Requested: (*Check One*)  Copy  Receive Copies  In Person Review

4. Information needed to search for records:

Specific information, document(s), or record(s) desired: (*Identify by name, date, subject matter, and location of information*)

\_\_\_\_\_  
\_\_\_\_\_

Purpose: (*Optional: you are not required to state the purpose for your request; however, doing so may assist the INS in locating the records needed to responds to your request.*)

I understand that if this request is permitted under the Freedom of Information Act, the information will be provided within five (5) business days unless otherwise agreed to in writing by the person making the request.

Extension Required – Date information to be provided by: \_\_\_\_\_

Estimated Cost of Request: \_\_\_\_\_

Good Faith Deposit Required - \$Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Request Reviewed: \_\_\_\_\_

Total Cost: \_\_\_\_\_ Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_