



FOIA RECORDS REQUEST

PLEASE PRINT

NAME: _____ DATE REQUESTED: _____

ADDRESS: _____ PHONE #: _____

CITY/STATE/ZIP: _____ CELL#: _____

AGENCY, FIRM OR ORGANIZATION: _____

ADDRESS (IF DIFFERENT): _____ WORK#: _____

CITY/STATE/ZIP: _____

IF ATTORNEY OR AGENT, PLEASE IDENTIFY CLIENT: _____

INFORMATION REQUESTED (ATTACHED ADDITIONAL DESCRIPTION, IF REQUIRED) _____

REQUESTED DELIVERY: U.S. MAIL _____ E-MAIL _____ FAX _____ PICKUP _____

SIGNATURE OF PERSON MAKING REQUEST _____

OFFICE USE ONLY

RECEIVING DEPARTMENT/EMPLOYEE _____ DATE REQUEST RECEIVED _____

FOIA RESPONSE DUE _____ (15 WORKING DAYS FROM DATE OF RECEIPT)

DATE INFORMATION WAS SENT VIA THE REQUEST DELIVERY METHOD LISTED ABOVE _____

CITY OF WOODRUFF
ADMINISTRATIVE FEES

	MINUTES/HOURS	X RATE	COST
SEARCH/RETRIEVAL TIME		\$20/HOUR	
ALL FAX TRANSMITTED RECORDS		\$5 PLUS .25 PER PAGE	
POSTAGE/SHIPPING	FEDEX / UPS / USPS		
COPIES	NUMBER OF PAGE(S)	UNIT PRICE	
Paper records/standard reports		0.25/page	
Audio/Video Cassette/CD Copies		\$10/each	
CD records/standard reports		\$10/each	
Standard maps/plots up to 11" x 17"		\$.50/each	
Standard maps/plots larger than 11" x 17"		\$5.00/each	

		TOTAL COST	
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DATE PAID _____ CASH/CHECK/CREDIT CARD _____ RECEIVED BY _____