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## FREEDOM OF INFORMATION REQUEST

### Request for disclosure of Public Information

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

**Requested By:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Requestor Telephone Number:** \_\_\_\_\_

**Cell Ph:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Nature of request and description of public records sought:**

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**Signature of person making request:** \_\_\_\_\_

**Signature of person accepting request:** \_\_\_\_\_

**Date request was received:** \_\_\_\_\_