

WRITTEN REQUEST FOR INSPECTION OR COPYING OF PUBLIC RECORDS

FOIA OFFICER _____

CITY OF GEORGETOWN

1. Name of person making request _____
2. Address of person making request _____
3. Telephone number of person making request _____
4. Date of request _____
5. Is request for commercial purposes? (yes/no) (If yes, see Form M) (It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose) _____
6. Are you requesting a fee waiver (yes/no) If yes, state reason _____

Describe in detail below the public records you are requesting and state whether you wish to inspect and/or copy such records. Also, please state whether such public records are to be certified. If you wish to receive the records in a specific electronic format, please describe.

The City of Georgetown will respond to the above request within five (5) working days from the above date unless one or more of the seven (7) reasons for the extension of time provided for in Section 3(c) of the Act are invoked by the City.

Signature of person making request

FOR COMPLETION BY FOIA OFFICER

Date received _____
Date response time expires _____
Copy of Request and attachments filed _____
File folder # for this Request and Date created _____