

SUMMIT PARK PUBLIC SERVICE DISTRICT  
100 COAL ST  
CLARKSBURG, WV 26301-5966  
304-623-5304

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FREEDOM OF INFORMATION ACT REQUEST  
FAX: 304-623-5304 (During office hours)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER OR OTHER MEANS OF CONTACT:  
\_\_\_\_\_

PURPOSE FOR GATHERING INFORMATION (You are not obligated to provide this):  
\_\_\_\_\_  
\_\_\_\_\_

I hereby request the release of the following information under WVC §29B-1-1. I understand that certain information may be exempt from disclosure under the code. Specifically, those items set out in WVC §29B-1-4. Exempt information includes but not limited to:

- A. Information of a private and personal nature, such as tax information, employee records, medical records, unpublished telephone numbers, etc;
- B. Testing information;
- C. Information which is readily available from another source.

The PSD has five (5) working days to respond to this request.

**I understand and agree to pay a photocopying charge or reproduction fee related to this request of \$1.00 per page.**

Detailed description of requested information (please use back of form if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this day of \_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature

Approved by the General Manager this day of \_\_\_\_\_

\_\_\_\_\_  
General Manager