



Fountain
Inn

FOIA Records Request

PLEASE PRINT

Name _____ Date Requested _____

Address _____ Daytime Phone _____

City/State/Zip _____ Cellular Phone _____

Agency, Firm, or Organization _____

Address (if different) _____ Daytime Phone _____

City/State/Zip _____ Cellular Phone _____

If attorney or agent, please identify client _____

Information Requested (attach additional description, if required) _____

Requested Delivery: Mail ____ Pick Up ____

Signature of Person Making Request: _____

Office Use Only

Receiving Department/Employee _____ Date Request Received _____

FOIA Response Due _____ (10 working days from date of receipt)

Information reviewed by: _____

Date Information mailed or picked up: _____

	Minutes/Hours	x Rate	Cost
Search/Retrieval/Redaction/Copying Time		\$17.17/hour	
Postage / Shipping	FedEx/UPS/USPS		
Copies	Number or Pages	Unit Price	
Paper Records – Black and White		\$0.10/page	
Paper Records – Color		\$0.25/page	
Paper Records, Legal Size – Black and White		\$0.25/page	
Paper Records, Legal Size – Color		\$0.50/page	
Paper Records, Ledger Size – Black and White		\$0.50/page	
Paper Records, Ledger Size – Color		\$0.75/page	
Tapes, CD's DVD's or other electronic, optical, or magnetic media		Cost of media + 17.17/hour	
TOTAL COST			

Date Paid _____ Cash or Check Number _____ Received By: _____