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## FREEDOM OF INFORMATION ACT REQUEST

Date	
Media Request ☐ Yes ☐ No	
Requestor's Name	
Company	
Address	
City, State, ZIP	
Phone Number	
Email Address	
RECORDS SOUGHT: List records requested below. Please be as specific as possible. Attach additional pages as necessar	у.
Will the requested records be used, in any form, for any commercial purpose such as sale, resale, or solicitation, or advertisement for sales or services? ☐ Yes ☐ No	
Requestor's Signature	