

Request to Inspect and/or Copy Records

To: Johanna Fine and Nikoleta Maleeva-Ivancheva
Freedom of Information Act Officers

Date: _____

I hereby request to ☐ inspect and/or ☐ copy* the following records:

(Please describe requested records as specifically as possible, attaching additional page if necessary.)

**There is no copying fee for the first 50 black and white standard sized copies. The fee for additional copies is 15¢ per page. Actual cost will be charged for copies of documents not of standard size, and for the recording medium (e.g., compact disk, tape, DVD) when applicable.*

Is this request for a commercial purpose? ☐ Yes ☐ No

Are you requesting a waiver or reduction of copying fees? ☐ Yes ☐ No

If yes, what is the purpose of this request? _____

Requesters Name (printed) _____

Requesters Signature _____

Address _____

City _____

State/Zip _____

Phone _____

E-mail _____