

FREEDOM OF INFORMATION REQUEST FORM
CITY OF WOOD RIVER

NAME: _____ DATE: _____

ADDRESS: _____

COMPANY/ORGANIZATION (IF APPLICABLE): _____

DOCUMENTS REQUESTED: (Be Specific) _____

REASON FOR REQUEST: _____

OFFICE USE ONLY

DATE RECEIVED: _____ DATE RESPONSE DUE: _____

REQUEST APPROVED: _____ COPIES MADE: YES _____ NO _____

REQUEST DENIED: _____ WHY? _____

REFERRED TO: _____

DATE OF ADMINISTRATIVE ACTION: _____ STAFF INITIALS: _____

CHARGES FOR COPYING: _____ TIME INVOLVED: _____

NOTES: _____
