

Request to Inspect and/or Copy Records

To: Nikoleta Maleeva-Ivancheva
Freedom of Information Act Officer

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