



**Mt. Hope-Funks Grove Fire Protection District
FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM**

Date : _____

Requester Name: _____ Day Telephone: _____

Company/Organization: _____

Address: _____ Email: _____

Records Requested: (Please be specific, include approximate date range, record type, etc.)

Are you asking for these records for commercial purposes? Yes No

Please indicate the format in which you would like the District to respond: (Please Check)

I will inspect these records at the Fire Station, during the regular business hours (posted at www.mhfgfire.org), after you notify me that they are ready for inspection.

I request electronic copies be sent to the email address above if possible or be referred to the District website.

I request hard copies of these records. I agree to pay the fees (if any) for copies as set by the fee schedule below, prior to receiving the copies.

- (a) Black and white, letter or legal size copies: There is no charge for providing the initial 50 pages, after which the cost will be \$.15 per page.
- (b) Color or Irregular Sized Copies: The fee for color or irregular sized copies shall be the actual cost incurred by the District for reproducing the records.
- (c) Certification of document: The fee for certification of a document shall be \$1.00.
- (d) Records in Electronic Format: The fee charged for producing records in an electronic format shall be the actual cost incurred by the District for purchasing the recording medium.

I request certification of the copies provided. I agree to pay \$1.00 for each document certified, which is in addition to duplication fees (if any).

Signature of Requester

(FOR DISTRICT OFFICE USE ONLY)

Date Received: _____ Compliance Date: _____ Date Complied with: _____

1st written response due date: _____

- Nature of 1st response: Notification of 5 day extension
 Notification of date when records will be available (Commercial only)
 Notification of fees due/ documents ready date
 Delivery of requested records
 Notice of Intent to Deny [7(1)(c) or 7(1)(f)]
 Notification of denial

If additional extension agreed in writing, new due date is: _____ (attach correspondence)

Fees: \$ _____ Date paid: _____

Record delivery date/ denial date: _____ Viewed, Picked up, Mailed, E-mailed, Denial notice sent

Reason for denial: _____

Notes: