## (DRAFT)

## Town of Sherman Freedom of Information Request Form

\*\* Note to Requestor: Retain a copy of this for your files.

Date Requested:
Request submitted by:E-mailU.S. MailFaxIn Person
Name of Requestor:
Address:
Telephone (optional):
E-mail (optional:
Records Requested: *Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages if necessary:
Do you want copies of the documents/records? YES or NODo you want Electronic Copies or Paper Copies?
Fees: there will be a fee of \$1 per page for each document copied.
If the requested documents/records involve a search on the part of any employee of the

Town, the current hourly rate for town employees will be applied with a 2 hour minimum. Please allow 30 to 60 days for delivery.