

VILLAGE OF GREENUP
FREEDOM OF INFORMATION REQUEST
To Be Completed By Requester

Name: _____

Address: _____

Telephone Number: _____

I, the undersigned, do hereby request to ___ examine and/or ___ copy (check appropriate blank) those records maintained by the Village of Greenup which pertain to:
(Please specify department and records sought.)

I understand that (1) copies of the first fifty (50) pages are free; that (2) pages fifty-one (51) and all thereafter are \$.15 per page; that (3) the certification fee is \$1.00 per document and that (4) copies of the document requested may be mailed to me via certified mail at \$2.80 plus any and all applicable postage. I also understand that all fees must be prepaid.

I do ___ do not ___ want the copies mailed to me at the above listed address.

Signature

Date

The Village of Greenup will respond to the above request within five (5) business days from the date of receipt unless one or more of the seven (7) reasons for an extension of time provided for in Section 3(d) of the Act are invoked by the Village. The Village of Greenup will then have five (5) business days to respond to your request. You will be notified of the reason(s) for the delay and the date by which the records will be available.

To Be Completed by FOIA Officer

Date Request Received _____	Date Notified of Extension _____
Search Began: _____	Search Ended _____
Total Length of Search _____	
Cost: Copies: _____	Certification: _____
Total Cost _____	Certified Mail: _____
Records: Personally Given _____	Mailed Date: _____
Denied/Reason Why _____	
Deferred/Reason Why _____	

FOIA Officer

Date