

FOIA REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

NAME: _____ DATE: _____ TELEPHONE: _____

ADDRESS: _____

I am requesting to examine to receive a copy of the following:

*To be completed
by CMH:*

Copying \$ _____

Labor \$ _____

Mailing \$ _____

TOTAL \$ _____

DESCRIPTION

OF COPIES

DESCRIPTION	# OF COPIES

If the above may contain intrusive personal information, the reasons I wish to inspect or review copies of the above materials and the proposed use of the information is:

I am receiving public assistance or am indigent. I have attached proof of inability to pay and request that the first \$20.00 of the charge be deducted.

I understand that agencies of Region 10 PIHP have 10 additional days to fill my request due to diverse locations of the materials or large volume of the materials.

I also understand that if it is determined the materials which I have requested to review or copy may not be disclosed, I will receive a written denial, including the reasons for denial and explaining my right to appeal.

Signature of Requestor

Date