Pulaski County Freedom of Information Act Form

Date of Request: ______________________

Name of Person Making Request: ______________________

Address: ______________________________________

Phone Number: ______________________

Items requested: ______________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Staff Use Only:

__________ Date of response (must be five (5) working days following citizen request)

__________ Request for seven (7) working day extension (must be requested in writing to citizen & copy attached)

__________ Date and time records review is scheduled with person making request (if requested by citizen or staff)

__________ Date request denied in writing (in whole or part) based on Code Section (Attach copy)

I hereby acknowledge receipt of the aforementioned information:

_________________________________________  ______________________
Name                                      Date