**REQUEST TO INSPECT AND/OR COPY RECORDS**

Date:

To: Alex Engelhardt Freedom of Information Officer AlexE@FVSRA.org

I hereby request to inspect copy\* the following records:

*(Please describe requested records as specifically as possible, attaching additional page if necessary.)*

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\* There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15¢ per page. The actual cost will be charged for copies of documents not of standard size, and for the recording medium (*e.g,.* external hard drive), when applicable.

Is this request for a commercial purpose? Yes No

Are you requesting a waiver or reduction of copying fees? Yes No

If yes, what is the purpose of this request?

Requester’s (Printed) Name Requester’s Address

Requester’s Signature Requester’s Phone Number

DO NOT WRITE IN THIS SPACE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received by Agency

E-Mail Address