FREEDOM OF INFORMATION REQUEST

Date Request Received//	
Requestor's Name Title / Agency Name	
Requesting records on behalf of	alf of a client.)
Requestor's Mailing Address Address / City / State / Zip Code	
Send Records via Mail Fax No. Email	
If you wish to receive the records via mail, please provide mailing address (if	different from requestor's mailing address)
Address / City / State / Zip Code Requestor's Signature	
* * * * * * * * * * * * * * * * * * * *	
RECORDS REQUESTED	
(AGENCY USE ONLY)	
RESPONSE FROM AGENCY: Countryside Fire Prote	ection District
RECORDS MADE AVAILABLE: YESNO COPIES: YESNO_ REQUEST DENIED:WHY?	
FEE:\$ ADDITIONAL FEES: PHOTOS \$ AGENCY COMMENTS:	
Record Keeper's Signature:	Date