



**LAKE COUNTY FREEDOM OF INFORMATION ACT**

**REQUEST FORM**

Requester's  
Name: \_\_\_\_\_

Date Request  
Received: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request No.: \_\_\_\_\_

Request Received  
By: \_\_\_\_\_  
(Name)

Telephone  
No. \_\_\_\_\_

\_\_\_\_\_  
(Title)

Records sought (be as specific as possible): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Requester)

**The agency will respond to or deny a request for public records within five working days after its receipt.**

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**(For Office Use Only)**

Date Response Due: \_\_\_\_\_ Date Response Made: \_\_\_\_\_

Copies Made: \_\_\_\_\_ How Many: \_\_\_\_\_ Cost: \_\_\_\_\_

Time Taken to Fill Request, Hours: \_\_\_\_\_

Extension to: \_\_\_\_\_  
(Date)

Extension Notice Sent: \_\_\_\_\_  
(Attach Copy) (Date)

Denied: \_\_\_\_\_  
(Attach Copy) (Date)

\_\_\_\_\_  
(Signature of Employee Responding)