## FOIA Request Form West Branch District Library Records

Name of Requestor:
Date:
Address:
City, State, Zip:
Phone number:
Email address:
Time frame within which requestor would like a response:
Documents Requested (please be specific):
Requestor Signature:
Due to the time and effort involved in research and responding to a FOIA request, the following fees may be charged to the Requestor:
\$.10/page for copies \$8.15/hour for researching/preparing requested materials Other costs incurred will be billed at actual rate (see Detailed Cost Itemization sheet)

The Requestor will be notified of applicable charges.