

# **Pulaski County Freedom of Information Act Form**

Date of Request: \_\_\_\_\_

Name of Person Making Request: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Items requested:

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

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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)

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I hereby acknowledge receipt of the aforementioned information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date