

City of Taylor

Freedom of Information Request Form

Requested by:

(Name)

(Company Name)

(Address)

(City, State, Zip)

(Telephone)

(Fax Number)

The following information is requested under the Freedom of Information Act (please state year):

By signing this document, I understand that the City of Taylor may charge me a fee for providing a copy of a public record, including the cost of copying, mailing searching, examining, reviewing, separating and deleting exempt information.

Signature of Requestor:

Date & Time Signed:

(must be signed)