Cary Park District

Freedom of Information Act (FOIA) Request for Information

_____
Date

From:

_____
Name of Individual

_____
Name of Agency or Organization

_____
Street Address City State Zip

_____
Phone Number Email – for email responses

Description of records requested

Please indicate the format you wish to receive the above requested records.

☐ Inspect ☐ Copied ☐ Emailed

Please indicate the purpose for requesting the above records.

☐ Noncommercial Purpose ☐ Commercial Purpose

_____
Signature of Requestor

For Office Use Only

Request received by: _____ Date: _____ Time: _____

Request due by: _____ Date: _____ Time: _____

Additional time requested: _____ Date: _____ Time: _____

Information provided by: _____ Date: _____ Time: _____

Notes: _____