FOIL REQUEST

1. Records request from:
2. Title:
3. First Name:
4. Last Name:
5. Email: Contact Phone Number:
6. Organization/Affiliation:
7. Address:
8. City:
9. State: Zip Code:

\*Foil Request/Description of records sought: Please provide a clear description of the record(s) sought. Personal, private, sensitive, financial, medical, or health-related information should not be put into the “Description” field below, and should instead be uploaded in a separate document.

Required:

\*Requested Response Format: