

REGIONAL OFFICE OF EDUCATION #3
BOND, CHRISTIAN, EFFINGHAM, FAYETTE & MONTGOMERY COUNTIES
FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

Requester's Name _____ Date Request Received _____

Address _____

_____ Telephone No. _____

Email Address _____

Request Received by _____

(Name & Title)

Check Appropriate Boxes:

Request inspection of public records

Request copies of public records

Request certified copies

Records sought (please be specific)

Signature of Requester

**The agency will respond to or deny a request for public records
within seven (7) working days after its receipt.**

----- (For Office Use Only) -----

Date Response Due _____ Date Response Made _____

Copies Made _____ # of copies made _____ Cost _____

Time taken to fill request in hours: _____

Estimated cost to department: _____

Extension to _____
Date

Extension Notice Sent _____
Date

Request Denied: _____
Date

Note: Please attach copies of correspondence.

Signature of Employee Responding