

**INSPECTION OF DOCUMENTS RESPONSIVE
TO A FREEDOM OF INFORMATION ACT REQUEST**

Date: _____ Arrival Time: _____ Departure Time: _____

Person Reviewing Records (Requestor): _____
Print Name Signature

Staff Person in Attendance or Providing Copies: _____
Print Name Signature

Records Reviewed (describe):

Photocopies Provided:

Item	No. Pages	Date Provided
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Comments:

