



# FRANKFORT PUBLIC LIBRARY DISTRICT FREEDOM OF INFORMATION REQUEST

## Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Requested Public Records

Description of the records requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you asking for these records for commercial use/purposes?

☐ Yes

☐ No

Please indicate the format in which you would like the Library to respond to your request, if applicable:

☐ Inspection Only

☐ Hard Copy

☐ Email: \_\_\_\_\_

☐ Fax: \_\_\_\_\_

☐ Other Format: \_\_\_\_\_

Do you wish to have copies certified:  
(\$1.00 per certificate)

☐ Yes

☐ No

## Library Use Only

Date Received: \_\_\_\_\_

Due Date: \_\_\_\_\_

Response Date: \_\_\_\_\_

Response:

☐ Approved

☐ Partially Approved: \_\_\_\_\_

☐ Denied

Total Associated Fees: \_\_\_\_\_

Paid: ☐ Yes

☐ No