



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: Yes No
(\$1.00 per certificate)

Library Use Only

Date Received: _____ Due Date: _____

Response Date: _____

Response: Approved
 Partially Approved: _____
 Denied

Total Associated Fees: _____ Paid: Yes No