



# FRANKFORT PUBLIC LIBRARY DISTRICT FREEDOM OF INFORMATION REQUEST

## Contact Information

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

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

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

## Requested Public Records

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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