

ACKNOWLEDGEMENT OF REQUEST
(For Phone, Oral, or Written Requests)

Name: _____ Phone: _____

Organization Name: _____ Fax #: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Request: ____/____/____ Date of Notification of Completion: ____/____/____

Under F.O.I.A., the following request has been made to:

Examine Receive Copies As attached

Described as for the following materials:

Charges for F.O.I.A. Request:

Copying	\$ _____
Mailing	\$ _____
Less Deposit	\$ _____
Total Due	\$ _____

CONFIRMATION OF REQUEST

Your request is being:

Mailed Delivered according to instructions

Picked-up By: _____

Date: _____ Time: _____

City of Montrose has determined that it is necessary to extend the time "for responding to the request. The request will be completed on or by: _____ Date notice of Extension was sent: _____

City of Montrose determined that the request will be denied: In Whole In Part

Date that the Denial was sent: _____

City of Montrose Employee completing this Acknowledgement of Request:

Name: _____ Title: _____

Date Completed: _____