

# CENTERTON CITY HALL

## FREEDOM OF INFORMATION REQUEST

Date of Request: \_\_\_\_\_

Name on report: \_\_\_\_\_

Reason for request: \_\_\_\_\_

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

\_\_\_\_\_  
Name of Requesting Party (printed)

\_\_\_\_\_  
Signature of Requesting Party

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

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Internal use only:

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date received