City of Fulton

Freedom of Information Request

City Hali Fax 270-472-1320 270-472-6526



Date: _	J		Name:				
Addres	ss:			· · · · · · · · · · · · · · · · · · ·			
City/State/Zip:							
Record	ds to be	inspected (please be specific)				
Reques	t for cop	ies () No	() Yes, cos	t \$.25 per page	 Э		
Applic	ant's S	Ignature:					
Phone	# (.)					
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Ackno	wledge	ement of					
Request by: Title:							
Date:			Time	:	_ AM or PM		
			<u>F</u>	Response to I	Request		
	Recor		ed are available				
п	Date:/, at Time: AM or PM Records were sent or will be sent to requestor on/ at a cost of \$.25 per page aft						
_	payment is received.						
☐ Records are not available at this for the following reason(s):							
		 ☐ Records are in active use ☐ Records are in storage in Texas and must be located 					
	Ö	Other					
		Records req	uested may b	e inspected in	the office of:		
				_ on//_	at	AM or PM	
	Inspection of requested records denied due to: ☐ Request is unreasonable due to the burden of producing voluminous records because						
	_	☐ Requested records are excluded form disclosure pursuant to					
	Signed:			Title:			
	Da	te:/	/ Time	ə:	_AM or PM		