

Department _____

RAO/Custodian Name: _____

Calendar Year: _____

For Municipalities

| Date of Receipt | Requestor | Description of Request | Date of Initial Response | Date(s) of Further Response(s) | Date(s) Records Provided | # of Hours to Fulfill Request | Fees Charged | Petitions to Supervisor | Supervisor Appeal | Court Appeal |
|-----------------|-----------|------------------------|--------------------------|--------------------------------------|--------------------------|-------------------------------|--------------|---|-------------------------------|--------------|
| | | | Date: From: | Date: From: Date: From: | | | | Date: Type: Decision: Decision Date: | Y/N: Date of decision: | Y/N: |
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