

**CITY OF WAYNE**

REQUEST FORM  
Freedom of Information Act (FOIA)

This is to request a copy of the following Public Record(s):

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

-----  
FOR CITY USE ONLY:

Employee receiving this request: \_\_\_\_\_ Date: \_\_\_\_\_

Request sent to Department(s): \_\_\_\_\_ Date: \_\_\_\_\_

Response to Requester: \_\_\_\_\_ Date: \_\_\_\_\_