

**FREEDOM OF INFORMATION ACT  
WRITTEN REQUEST FOR RECORDS**

Person making request: \_\_\_\_\_

Address of person making request: \_\_\_\_\_

\_\_\_\_\_

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

Describe in detail the public records you are requesting and state whether you wish to inspect and/or copy such records. Also, please state whether such public records are to be certified.

The staff of the DeKalb county Soil & Water Conservation District will respond to the above request within five (5) working days from the above date unless one or more of the seven (7) reasons for an extension of time provided for in Section 3(d) of the Act are invoked by the DeKalb County Soil and Water Conservation District.

Signature of Person Making Request: \_\_\_\_\_