

**FOAA Coordinator Request Procedure Form**

FOAA Coordinator: \_\_\_\_\_

Requester: \_\_\_\_\_

Subject of Request: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Acknowledgement Mailed: \_\_\_\_\_

Employees with potentially responsive records:

_____	_____
_____	_____
_____	_____
_____	_____

Good Faith Estimate Mailed: \_\_\_\_\_

Receive Records from employees: \_\_\_\_\_ Redact and copy/scan \_\_\_\_\_

Time spent searching, retrieving, compiling, redacting, and copying/scanning: \_\_\_\_\_

Invoice Mailed: \_\_\_\_\_

Requester Viewing Public Records or Requesting a Copy: \_\_\_\_\_

Date Records Viewed by Requester: \_\_\_\_\_

Copy mailed/emailed: \_\_\_\_\_

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