

Employee FOAA Request Procedure Form

Employee Name: _____

Requester Name: _____

Subject of Request: _____

FOAA Coordinator: _____

Please check below indicating that the following have been completed:

Document Identification:

hand-search of paper records pursuant to IFW FOAA Policy Section 7 a.

search for electronic mail pursuant to IFW FOAA Policy Section 7 b.

search for other electronic records pursuant to IFW FOAA Section Policy 7 c.

Were responsive records identified? yes no

Identification of Records Not Subject to Public Access:

Were records identified pursuant to review under IFW FOAA Policy Section 8 a. yes no

If yes, was the FOAA Coordinator advised of the records that may not be subject to public access
yes no

If yes, records protected in their entirety must be removed from the records to be produced to the requestor, and records not protected in their entirety must have confidential or privileged portions redacted.

If yes, records not produced or redacted must be listed in a privilege log provided as an attachment to this form.

Provided responsive records to the designated coordinator on the following date: _____

Information necessary for IF&W to invoice is as follows:

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

*** FORWARD TO FOAA COORDINATOR UPON COMPLETION***