

VILLAGE OF STILLWATER

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APPLICATION FOR PUBLIC ACCESS TO RECORDS UNDER THE FREEDOM OF INFORMATION ACT – (F.O.I.L.)

Applicant Information

Date _____

Name _____

Organization _____

Mailing Address _____

Phone _____ **Email** _____

In the section below please provide a reasonable description of your requested information. To help us help you, please be specific in your request and list each item separately below.

1. _____

2. _____

3. _____

4. _____

Signature _____ **Date** _____

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Approved/Denied _____ **Reason for Denial** _____

Received Date _____ **Signature** _____