

Scott County Freedom of Information Act Request

Requestor's Name	e:			
Address:				
Description of Rec	cords Reques	ted: (be as specifi	c as possible)	
Signature of Requestor		 D	Date of Request	
The County will days after its rec	-	request for publ	ic records within ten (10) business	
******	******	*******	***********	
Office Use Only:				
Response: Date:			Records Available? Yes / No	
Copies Made?	Yes / No	How Many?	Fees Charged: \$	
If request denied,	provide reaso	on:		
******	*******	:******	**********	