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Request for Records Freedom of Information Law

Note: Use of this form is recommended but not mandatory.

Date: _____
Month, Day, Year

To: Information Officer
Greene County Attorney

From: _____
Name- Last, First, Middle (Title if Any) Signature

Address – Street or P.O. Box, City, State Zip Code

Telephone (Area Code + Number) Fax (Area Code + Number)

Fully describe the record(s) that you are seeking:

Office Employee Accepting Application: _____

Date Stamp: