



Scott County Freedom of Information Act Request

Requestor's Name: _____

Address: _____

City /State/Zip: _____

Phone number: _____

E-mail address: _____

Description of Records Requested: (be as specific as possible)

Signature of Requestor

Date of Request

The County will respond to a request for public records within ten (10) business days after its receipt.

Office Use Only:

Response: Date: _____ Records Available? Yes / No

Copies Made? Yes / No How Many? _____ Fees Charged: \$ _____

If request denied, provide reason: _____

