



CITY OF GARDEN CITY FOIA REQUEST FORM

PLEASE PRINT

Name: _____ Telephone Number: () _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please describe the public record(s) as specifically as possible. If this is for the Police Department, PLEASE be sure to include the report number and any other pertinent information. *(If the fee estimate is expected to exceed \$50 based on a good-faith calculation by the City, the requestor will be asked to provide a deposit not exceeding one-half of the total estimated fee)*

Signature of Requestor

Date

Staff Use Only:

Received By: _____

Date: _____

Referred To: _____

Date: _____

