

Department _____

RAO/Custodian Name: _____

Calendar Year: _____

For Municipalities

Date of Receipt	Requestor	Description of Request	Date of Initial Response	Date(s) of Further Response(s)	Date(s) Records Provided	# of Hours to Fulfill Request	Fees Charged	Petitions to Supervisor	Supervisor Appeal	Court Appeal
			Date: From:	Date: From: Date: From:				Date: Type: Decision: Decision Date:	Y/N: Date of decision:	Y/N:
			Date: From:	Date: From: Date: From:				Date: Type: Decision: Decision Date:	Y/N: Date of decision:	Y/N:
			Date: From:	Date: From: Date: From:				Date: Type: Decision: Decision Date:	Y/N: Date of decision:	Y/N:
			Date: From:	Date: From: Date: From:				Date: Type: Decision: Decision Date:	Y/N: Date of decision:	Y/N:
			Date: From:	Date: From: Date: From:				Date: Type: Decision: Decision Date:	Y/N: Date of decision:	Y/N: