



Freedom of Information Act (FOIA) Request Form

Date _____

The following records are requested as provided under the Freedom of Information Act:

Public Document	Document Date	Number of Copies

Please be as specific as possible. You may attach additional pages as needed.

I agree to pay copy and labor costs (if applicable) for the information requested above as established by the Village of Beverly Hills Council resolution.

Signature

First and Last Name

Address

City

State

Zip

Telephone

Email Address

For Office Use Only

Date Received: _____

By: _____

Date Completed: _____

By: _____

(mail, email, reviewed in person)

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