Suffolk Commonwealth's Attorney's Office's
FOIA Request Form

Request Receipt Date: _____ Time: _____
Form completed by: _____
Name: _____
Mailing Address: _____
_____
Telephone Number(s) _____ /_____
Email Address: _____

Nature of Request:
_____
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_____

Do you require a cost estimate prior to a response being provided? YES ___ NO ____

Received in FOIA Office by: _____
Date: _____ *Time:* _____

Response Completed by: _____
Date: _____ *Time:* _____

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