



THE CITY OF  
**MORGANTOWN**  
WEST VIRGINIA

## Freedom of Information Act Request Form

*(The use of this request form is optional.)*

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Information Requested *(please be as specific as possible)*:

Signature: \_\_\_\_\_

### For Office Use Only

Date Received in Office: \_\_\_\_\_

Date Information Completed: \_\_\_\_\_