REQUEST FOR RECORDS PURSUANT TO THE WEST VIRGINIA FREEDOM OF INFORMATION ACT.

Person Making Reque	est:		
Name:			
Address:			
Phone: Office	Home		Fax
Date:		1105 \$4.1111	
available for inspection providing copies is Two separate copies. I furt	on and copying the followenty-Fi ve Cents (.25¢)	wing public records. per page. Duplex copitation requested will no	t the City of Huntington make I understand that the cost of ies will be considered two (2) ot be used for any purpose or cipal Law.
The following is	a concise statement	of the records	I am hereby requesting:
If approved, the City vas practicable and with upon payment of the rule of the second of the rule of t	vill make the public reconnin five (5) business days, required deposit based up	rd(s) available for inspectors, excluding Saturday, Soon the number of coping the requesting party states, the reason for said description.	within five (5) business days, enial.
Requesting Signature	OFFICIA	Date	
	OFFICIA D:		
Signature:		Date:	
Reason for Denial:			
		·	